| File # | |
|--------------|--|
| Company Name | |
| | |

Post-Farm

Use this form to claim reimbursements of costs pre-approved by BC Food Processors Association in your work plan, once the work plan has been completed.

BC Food Processors Association will review claims and reimburse pre-approved applicants for eligible expenses in accordance with the PFFS Program guidelines in the form of a cheque along with a letter explaining any payment discrepancies. Please note these expenses must have been incurred after your project was approved under this program in order to qualify.

How to Submit your Claim:

All claims for reimbursement must be supported with proof of payment and activities completed. All claims for reimbursment are to be completed within one package for submission. The process is:

- 1. Complete this claim form
- 2. Attach all eligible copies of your project invoices to your claim form (please retain the originals for your records)
- 3. Proof of payment must be provided which can be a point of sale receipt, cash receipt or a copy of the cleared cheque from your bank statement
- 4. Attach photo proof for your completed activities unless your activity has been selected for a spot completion audit
- 5. Attach any proof of certification obtained as a result of these activities
- 6. Send to:

Post-Farm Food Safety Program BC Food Processors Association 202B - 8047 199th Street Langley, B.C. V2Y 0E2

Your completed claim package must be received by the BC Food Processors Association by 4:30 pm on January 30, 2016.

Late claims will not be processed or paid.









Funding to be made payable to: ____

(If different from GST registrant name, please provide documentation explaining why)

1. Statement of Project Invoices (contact BCFPA office if you need more room for submitting your expenses)

| Date | Expense and Related Eligible Activity | Supplier | Invoice # | Invoice / Receipt Amount | Amount of GST | Amount without GST | Payment Method (Visa/ debit/cash/ cheque # |
|----------|--|----------|-------------------|--------------------------------|------------------|-----------------------|---|
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| <u> </u> | 1 | To | tal Claimable (no | te GST is not | reimbursed) | | |

Total Claimable (note GST is not reimbursed)

Does the net value of your claim identified above differ from the approved funding amount indicated on your project approval letter? OY ON

If yes, what is the amount of the discrepancy:

Please explain the reason for this discrepancy: _____

I/We hereby declare that the information provided in this expense claim form is true and correct in every respect. I/We are authorized signers for the company making this submission.

| Signature 1 | Date |
|-------------|------|
| | |
| Ciapoturo 0 | Date |
| Signature 2 | |