

# Reimbursement Claim Form

## Summer Farm Employment Program

Please refer to the section on Reimbursement in the Program Guidelines when filling out this form.  
The **last day** for accepting the Reimbursement Claim Form is **September 30th**. Please **PRINT**.

### 1. Employer Information

Last Name	First Name	Application Number
Mailing Address	City or Town	Postal Code
		E-mail Address

### 2. Employee Information

Last Name	First Name
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### 3. Employment and Earnings

\*\*\* Maximum Funding \$500/month – Calculation is based on 50% of monthly wage or \$500 (**whatever is less**)

First Day worked in <b>July</b>	Last Day worked in <b>July</b>	Total <b>Days</b> worked	Total <b>Hours</b> worked	Gross Monthly Salary Paid to Student	Government Funding
First Day worked in <b>August</b>	Last Day worked in <b>August</b>	Total <b>Days</b> worked	Total <b>Hours</b> worked	Gross Monthly Salary Paid to Student	Government Funding

Total Gross Salary Paid for All Months	Total Government Funding Expected

### 4. Employer Declaration

I declare that the information given above is true to the best of my knowledge and that I have paid the employee his/her wages. I understand that making a false statement may result in criminal or civil liability.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

### 5. Employee Declaration

I certify that I have worked the days listed above and that I have received the employer's payment for working those days.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*This personal information is being collected to determine funding for the Summer Farm Employment Program under the Authority of Section 33 of the Freedom of Information and Protection of Privacy Act. It is subject to the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions, please contact the Program Administrator at 310-FARM(3276) or email at [MaryAnn.Nelson@gov.ab.ca](mailto:MaryAnn.Nelson@gov.ab.ca).*

### Office Use Only

Total Funding Allowed	Difference From Application	Signature of Expenditure Officer	Date

Please fax form to **403 742-7527** or email at [MaryAnn.Nelson@gov.ab.ca](mailto:MaryAnn.Nelson@gov.ab.ca).  
No original is required unless requested.