

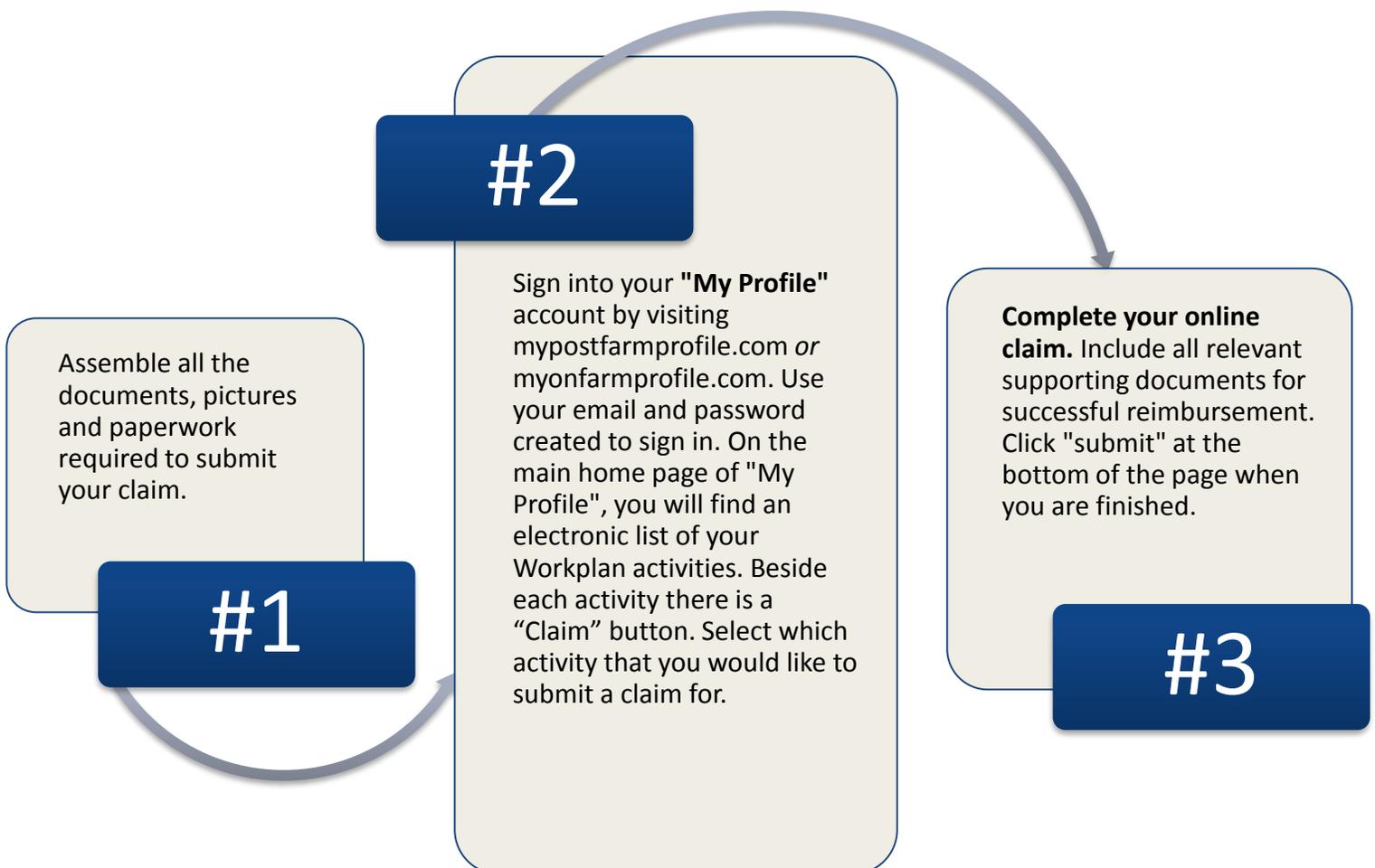
## How to Make a Claim

The On-Farm/Post-Farm Food Safety Program is a cost-sharing initiative that will reimburse 70% of food safety activities for eligible food and beverage manufacturers and farm facilities. Participants will assume the full cost of an eligible activity as approved in your program Workplan, and then seek reimbursement from the program, via a claim submission, for their expense. All reimbursements are paid via cheque. As documented in program contracts, you must submit your claims before the set deadlines; otherwise the claim will not be reimbursed by the program. All claims are made online through your 'My profile'.

---

## How to Make a Claim

**Submitting a claim is easy! Just follow the 3-step process below:**



## Review of submission and timeline

When your claim has been reviewed by the Registrar, you will get an email notification letting you know if your claim was approved or declined. Once approved, the claim will be sent to our Finance Manager for

payment via cheque. You should expect your cheque in the mail within 4-6 weeks *after* the expense has been approved. During high volume periods or if the amount of reimbursement is over \$8000, it may take *6-8 weeks*.

## Monitoring of Activities

It's our goal to help you succeed! Throughout the On-Farm and Post-Farm Food Safety Programs, we will regularly monitor all program participants to ensure they are staying on track with their Workplans. As part of the monitoring process, you may be asked to show the progress that you've made on activities that may not be fully complete. You will receive a monthly email reminding you to submit your claim and a 2-week notification prior to your section deadline if you haven't submitted a claim for your activity.

### The following documentation is required:



**Proof of purchase:** An invoice generated from the organization/professional that you purchased from/worked with, description of what was purchased, or service received, date of purchase, cost of the item/service, etc.



**Proof of Payment:** We will accept official receipts, clear banking records, electronic receipts, e-transfer records, copy of payment cheques, and/or Credit Card Statements as proof of purchase.



**Pictures & Documentation:** Pictures of any items purchased, before and after pictures of a completed project or copies of documents (i.e.: Audit report, lab tests, safety plan, etc.) resulting from program funding; must be submitted with your invoice.



**Proof of achievement of a HACCP-based Certification, (if applicable):** Photocopy of the certification must be submitted along with the audit report showing that you successfully passed the audit.



**Invoice FPSC:** for the reimburseable amount of your activity.

## Your **invoice** to Food Processing Skills Canada must include:

(1) 70% of the activity cost (excluding taxes), **up to the maximum amount agreed upon in your contract.**



(2) Your company name, address, phone number, GST/HST number, date, invoice number; **and**



(3) Invoiced to:  
Food Processing Skills Canada (FPSC)  
201-3030 Conroy Rd. Ottawa, ON  
K1G 6C2

### Examples:

- **Exact cost:** Your activity cost is \$1000 reimbursed at 70% - you will invoice FPSC for \$700
- **Under cost:** Your Estimated Workplan quote is \$2,000 reimbursed at 70% - your activity only ended up costing \$1,800, you will invoice FPSC for \$1,260
- **Over cost:** Your Estimated Workplan quote is \$2,500 reimbursed at 70% (\$1,750) - your activity ended up costing more than was approved by the project Workplan, i.e.: \$3,000. You will invoice FPSC for \$1,750; the maximum amount approved on your workplan.

## Travel Expenses

The travel expense form allows you to claim possible travel fees charged by your Certifying Body (CB) or Accredited Food Safety Professional (AFSP) for Audits/GAP Assessments. **Please note that you as the claimant is responsible to complete the travel claim form found on our claim page and collect receipts from your service provider.**

**FPSC will only reimburse 70% of eligible travel expenses as defined by the Ministry of Agriculture. Please refer to the 'BC Travel Allowances' document on the claim page for guidelines.**

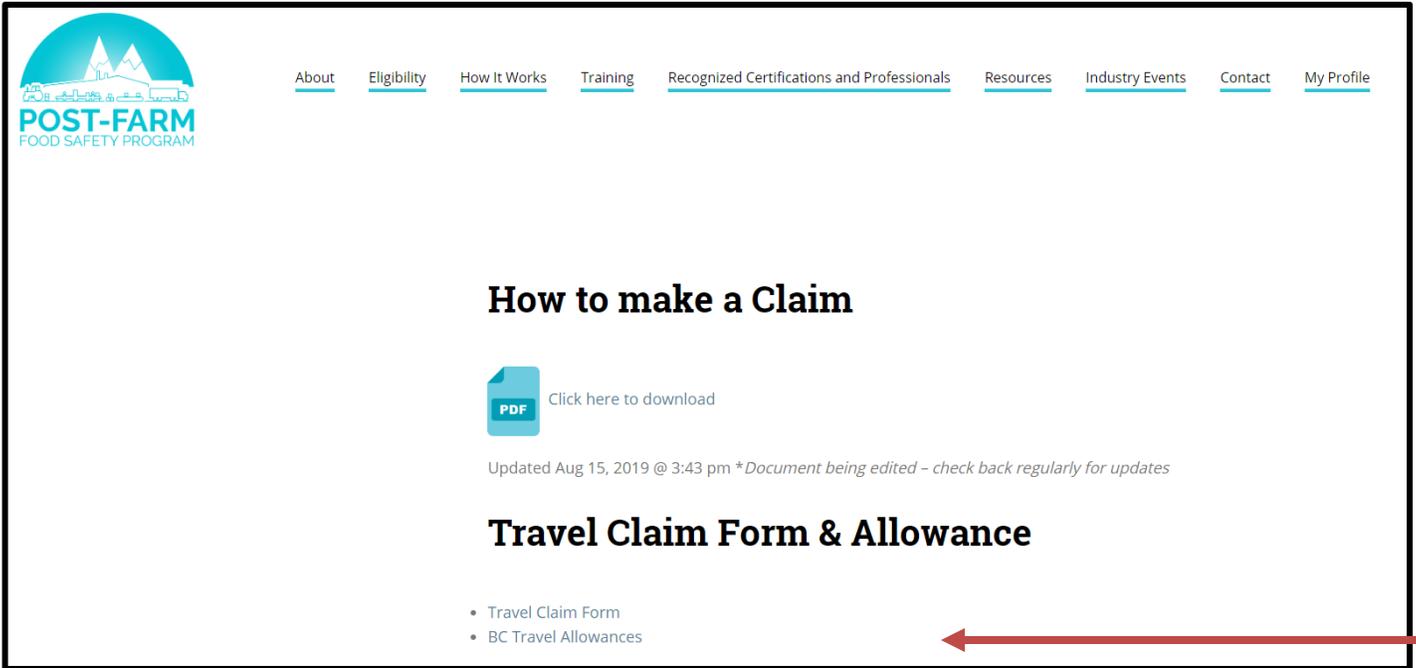
### How do I claim Travel Expenses?

Download and complete the travel claim form found on the How to make a Claim page. **\*\*See image below\*\***

Proof of Travel: Provide receipts for required areas as indicated on the claim form.

Sign and date: after signing and dating the form, upload it to your profile in addition to your claim.

To find the travel claim form and Ministry of Agriculture Guidelines: Click on 'How it Works', then on 'How to make a Claim'



**POST-FARM**  
FOOD SAFETY PROGRAM

[About](#) [Eligibility](#) [How It Works](#) [Training](#) [Recognized Certifications and Professionals](#) [Resources](#) [Industry Events](#) [Contact](#) [My Profile](#)

## How to make a Claim

 [Click here to download](#)

Updated Aug 15, 2019 @ 3:43 pm \**Document being edited – check back regularly for updates*

## Travel Claim Form & Allowance

- [Travel Claim Form](#)
- [BC Travel Allowances](#)



# POST-FARM FOOD SAFETY PROGRAM

## TRAVEL CLAIM FORM

Applicant Name and ID#: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_

Project: Post-Farm Food Safety P...  
 Travel Duration From: \_\_\_\_\_  
 Travel Duration To: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 Destination: \_\_\_\_\_

DATE	\$				
<b>Meals</b>					
(NO RECEIPTS REQUIRED)					
Meal Expenses					
<b>Transportation</b>					
Departure location FROM:					
Arrival location TO:					
Air/Train/Bus					
Car Rental					
Gasoline (rentals only)					
Taxi/ Shuttle				\$ -	
Parking				\$ -	
Fees				\$ -	
(NO RECEIPTS REQUIRED)					
				\$ -	
				\$ -	
Airfare					0.00
Rail		0.55	0.55	0.55	0.55
<b>Total</b>	\$	-	\$	-	\$

\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
OFFICE USE ONLY			
\$	-	\$	-
\$	-	\$	-
OFFICE USE ONLY			

FP SC R... (NO RECEIPTS REQUIRED) TO REMOVE ANY EXPENSE AMOUNT THAT EXCEEDS CURRENT TRAVEL GUIDELINE \$.

**TOTAL** \$ -

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE

# How to make a Claim

SELECT WHICH CLAIM YOU WOULD LIKE TO SUBMIT

ID	Gap Assessment / Workplan	Activity Cost	70%	Suggested Timeline	Section deadline	Claimed	Make Claim
1	Gap Assessment	\$1000.00	\$700.00	2019-11-14	2019-12-20	✘	Make Claim
Gap Assessment / Workplan Section Total		\$1000.00	\$700.00				
ID	Food Safety Improvement Facility	Activity Cost	70%	Suggested Timeline	Section deadline	Claimed	Make Claim
2	Floor Repair	\$7300.00	\$5110.00	2019-10-18	2019-11-11	✘	Make Claim
Food Safety Improvement Facility Section Total		\$7300.00	\$5110.00				
ID	Food Safety Improvement Equipment	Activity Cost	70%	Suggested Timeline	Section deadline	Claimed	Make Claim
3	Metal Detector	\$13500.00	\$9450.00	2019-12-13	2020-01-17	✘	Make Claim
Food Safety Improvement Equipment Section Total		\$13500.00	\$9450.00				

# 1.

ENSURE YOU HAVE ALL THE DOCUMENTS REQUIRED BEFORE CLICKING ON THE 'GET STARTED' BUTTON

**Submit a Claim**

Required Documents    Get Started    Confirm Activity    Activity Summary    Proof of Purchase    Summary

### Get Started

**Are you ready to get started with your program claim?**

Before starting your claim, please make sure you have all required documentation prepared in advance. The system will log out after 15 minutes of inactivity.

**Useful tools**

If your documentation for your claim isn't complete, you may find the following free links & tools useful:

- PDF Editor Tool: assemble your documents together in 1 PDF (<https://www.foxitsoftware.com/downloads/>) navigate to 'free software'
- Phone App "CamScanner": scan your documents with your phone (<https://www.camscanner.com/user/download>) choose the free download for your mobile device

We encourage you to review the "how to make a claim" information on our website, and view the travel requirements & form if applicable to your activity.

Previous    Get Started

# 2.

PLEASE DOWNLOAD THESE FREE USEFUL TOOLS IF YOU DO NOT HAVE A PDF EDITOR OR A SCANNER FOR YOUR DOCUMENTS

IF THIS IS THE CLAIM YOU WANT TO SUBMIT, SELECT CONTINUE  
IF THIS IS NOT THE CLAIM YOU WANTED TO SUBMIT – PLEASE SELECT THE PREVIOUS  
BUTTON TO RETURN TO YOUR HOME CLAIM PAGE

## Submit a Claim



### Confirm Activity

Name of Activity	Gap Assessment
Segment Deadline	2019-07-25
Cost of activity	\$1,000.00
70% reimbursement, maximum amount	\$700.00

If this is the activity that you would like to make a claim for please use the continue button below.

If this is not the activity you would like to make a claim for please use the button below to exit and return to your profile.

Exit claim & Return back to My Profile

Previous

Continue

1.

ENTER A DESCRIPTION OF YOUR PURCHASE OR SERVICE IN THE ACTIVITY SUMMARY

### Submit a Claim

Required Documents  Get Started  Confirm Activity  **Activity Summary**  Proof of Purchase  Summary

**Activity Summary**

Name of activity: Gap Assessment

Describe what was purchased:

Gap Assessment by [NAME]

How many sets of proofs of purchase will be submitted under this claim?

1

Previous Continue

2.

FOR YOUR PROOF OF PURCHASE WITHOUT A TRAVEL CLAIM; REFERENCE YOUR SERVICE/PRODUCT INVOICE AND COMPLETE THE REQUIRED FIELDS AS INDICATED LEAVING THE TRAVEL FEE BOX AS \$0.00.

### Proof of Purchase # 1

Brief description for this item:

Gap Assessment provided by [NAME]

<b>Cost of Activity, before tax</b> (No Travel expenses)	\$1,000.00
<b>Travel Fees, before tax, if applicable</b> (only travel expenses here) * All travel expenses must align to the BC Travel guidelines & must be submitted with the travel claims form. Review the " <a href="#">How to Make a Claim</a> " documents for more information.	\$0.00
<b>Subtotal</b> Enter <u>full</u> subtotal as it appears on your invoice	\$1,000.00
<b>Taxes</b> Enter taxes as they appear on your Invoice	\$50.00
<b>Grand Total</b> Enter the total as it appears on your Invoice	\$1,050.00

1.

IF YOU HAVE AN ELIGIBLE TRAVEL CLAIM, ENTER THE AMOUNT, UPLOAD THE TRAVEL CLAIM FORM AND THE RECEIPTS

<b>Travel Fees, before tax, if applicable</b> <small>(only travel expenses here)</small> * All travel expenses must align to the BC Travel guidelines & must be submitted with the travel claims form. Review the <a href="#">"How to Make a Claim"</a> documents for more information.	<input type="text" value="\$500.00"/>
<b>Upload your completed Travel Claim Form here:</b>	<input type="button" value="Choose File"/> No file chosen
<b>Additional supplementary travel documents:</b>	<input type="button" value="Choose File"/> No file chosen <i>* Multiple documents can be uploaded here.</i>
<b>Enter the TOTAL field from your travel claim form here</b> <small>The total field is highlighted in yellow at the bottom of the Travel claim form. This amount is used to calculate reimbursement.</small>	<input type="text" value="\$0.00"/>

2.

ENTER THE AMOUNT BEFORE TAX HERE

IF THE GRAND TOTAL IS CORRECT, SELECT YES.  
IF THE GRAND TOTAL IS INCORRECT, MAKE THE NECESSARY CHANGE

<b>Subtotal</b> Enter <u>full</u> subtotal as it appears on your invoice	\$1,000.00
<b>Taxes</b> Enter taxes as they appear on your Invoice	\$50.00
<b>Grand Total</b> Enter the total as it appears on your Invoice	\$1,050.00
<b>System Calculated subtotal for Eligible expenses</b> This is the subtotal our system has picked up & will calculate the 70% reimbursement from. Is this correct? Yes <input checked="" type="radio"/> No <input type="radio"/>	\$1,000.00

<b>System Calculated subtotal for Eligible expenses</b> This is the subtotal our system has picked up & will calculate the 70% reimbursement from. Is this correct? Yes <input type="radio"/> No <input checked="" type="radio"/> <b>Write the correct total:</b> \$7,150.00	\$7,150.00
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

UPLOAD YOUR SUPPORTING DOCUMENTS AND SAVE:

1. SERVICE OR PRODUCT INVOICE (PROOF OF PURCHASE)
2. PROOF OF PAYMENT (FINANCIAL TRANSACTION)
3. GAP ASSESSMENT, AUDIT REPORT, PICTURES OF EQUIPMENT, BEFORE AND AFTER PICTURES OF FACILITY UPGRADES, CERTIFICATION, LAB RESULTS, ETC.
4. SAVE

The screenshot shows a web form titled "Evidentiary Documentation for Activity". It is divided into three main sections, each with a "Choose File" button and a "No file chosen" status. A green "Save" button is at the bottom. Numbered callouts 1, 2, 3, and 4 are placed on the left side of the form, corresponding to the instructions in the top section of the document.

**1.** **Proof of Purchase**  
An invoice generated from the organization that you purchased from/worked with, description of what was purchased or service received, date of purchase, cost of the item/service, etc.  
**Choose File** No file chosen  
*\* Only one document can be uploaded here, if you have multiple documents, please combine into one PDF or document.*

**2.** **Proof of Financial Transaction**  
We will accept official receipts, clear banking records, electronic receipts, e-transfer records, copy of payment cheques, and/or Credit Card Statements as proof of purchase.  
**Choose File** No file chosen  
*\* Only one document can be uploaded here, if you have multiple documents, please combine into one PDF or document. IF your invoice is also your receipt/ proof of financial transaction, upload the same document again in this section. Include all documents required to prove a transaction was made.*

**3.** **Pictures & Documentation or proof of HACCP Certification:**  
Pictures of any items purchased, before and after pictures of a completed project or copies of documents created by program funding, must be submitted. Proof of achievement of a HACCP-based Certification, if applicable: Photocopy/ scan of the certification must be submitted as well as the audit report showing that you have successfully passed the audit.  
**Choose File** No file chosen  
*\* Multiple documents can be uploaded here.*

**4.** **Save**

A GREEN CIRCLE WITH A CHECKMARK INDICATES YOU COMPLETED ALL REQUIRED FIELDS AND YOU CAN MOVE FORWARD TO YOUR CLAIM SUMMARY. CLICK SUMMARY

### Submit a Claim

**Proof of Purchase**

Invoices & receipts are always paired together, or are a "set". You will only be allowed to submit 1 proof of purchase (invoice) & 1 proof of payment (receipt) per entry. Add the information for each set of invoices and receipts by clicking the add or edit button beside each row. Once the set is completed the icon under the completed column will turn to a green checkmark.

Proof #	Description	Grand Total	Completed	Action
#1	Gap Assessment provided by [NAME]	\$1050.00	✓	<a href="#">Edit</a>

**Note:** You will only be able to move on to the next step once all proof of purchases are entered and the completed column has a green checkmark for each item.

[Previous](#) [Summary](#)

### Submit a Claim

**Proof of Purchase**

Invoices & receipts are always paired together, or are a "set". You will only be allowed to submit 1 proof of purchase (invoice) & 1 proof of payment (receipt) per entry. Add the information for each set of invoices and receipts by clicking the add or edit button beside each row. Once the set is completed the icon under the completed column will turn to a green checkmark.

Proof #	Description	Grand Total	Completed	Action
#1	Gap Assessment by [NAME]	\$1050.00	✘	<a href="#">Add</a>

**Note:** You will only be able to move on to the next step once all proof of purchases are entered and the completed column has a green checkmark for each item.

Please complete all sets of proofs.

A RED CIRCLE WITH AN X INDICATES YOU HAVE MISSED A REQUIRED FIELD. CLICK ON THE ADD BUTTON TO GO BACK AND COMPLETE YOUR CLAIM

YOUR INVOICE MUST BE UPLOADED HERE WITH THE AMOUNT OF YOUR INVOICE ENTERED IN THE REQUIRED FIELD. PLEASE NOTE: THE AMOUNT OF YOUR INVOICE MUST BE LESS THAN OR EQUAL TO THE MAXIMUM 70% APPROVED AMOUNT

## Submit a Claim



### Summary

Please review the claim summary below.

**Description of Purchase:**

Gap Assessment by [NAME]

**Proofs of Purchase**

Proof #	Invoice Total	Activity Total	Reimbursable amount (70%)	Uploaded Documents
#1	\$1050.00	\$1000.00	\$700.00	3
<b>Total: 1 items</b>	<b>\$1050.00</b>	<b>\$1000.00</b>	<b>\$700.00</b>	<b>3</b>

**Original Workplan Agreement:** Activity will cost **\$1,000.00** with a maximum reimbursable amount of **\$700.00**.

In this claim, you have submitted a total of **\$1000.00** in activity expenses, of which 70% is reimbursable. Based on the information provided in this claim, you will be eligible for a **\$700.00** reimbursement.

### Receiving Reimbursement:

To receive payment for your purchase, you must invoice Food Processing Skills Canada (FPSC).

Invoices must clearly show:

- Your company name
- Address
- Phone number
- GST / HST number
- Invoice number

Food Processing Skills Canada information: 201- 3030 Conroy Rd, Ottawa, ON K1G 6C2

Invoice to FPSC:

No file chosen

Enter the amount of your invoice, this number must be less-than or equal-to the maximum reimbursable amount of **\$700.00**:

*\* Please note: The program will not reimburse more than the agreed upon amount. Unused funds from any activity expense can not rollover to other activities. Unused funds from this claim will return back to the program's budget upon claim approval.*

[Previous](#)

## IF THE AMOUNT ENTERED IS MORE THAN THE MAXIMUM REIMBURSABLE AMOUNT, YOU WILL RECEIVE THIS ERROR MESSAGE

**Receiving Reimbursement:**

To receive payment for your purchase, you must invoice Food Processing Skills Canada (FPSC).

Invoices must clearly show:

- Your company name
- Address
- Phone number
- GST / HST number
- Invoice number

Food Processing Skills Canada information: 201- 3030 Conroy Rd, Ottawa, ON K1G 6C2

File with the name **1951\_invoice\_Activity Summary.PNG** has been selected. ([Click here to remove and upload a different invoice to FPSC](#))

Enter the amount of your invoice, this number must be less-than or equal-to the maximum reimbursable amount of **\$700.00**.

*\* Please note: The program will not reimburse more than the agreed upon amount. Unused funds from any activity expense can not rollover to other activities. Unused funds from this claim will return back to the program's budget upon claim approval.*

Warning: The amount you are claiming is more than the maximum allowable amount.

Previous

## WHEN THE UPLOADED INVOICE AND AMOUNT ARE CORRECT, THE SUBMIT CLAIM BUTTON WILL APPEAR

**Original Workplan Agreement:** Activity will cost **\$1,000.00** with a maximum reimbursable amount of **\$700.00**.

In this claim, you have submitted a total of **\$1000.00** in activity expenses, of which 70% is reimbursable. Based on the information provided in this claim, you will be eligible for a **\$700.00** reimbursement.

**Receiving Reimbursement:**

To receive payment for your purchase, you must invoice Food Processing Skills Canada (FPSC).

Invoices must clearly show:

- Your company name
- Address
- Phone number
- GST / HST number
- Invoice number

Food Processing Skills Canada information: 201- 3030 Conroy Rd, Ottawa, ON K1G 6C2

File with the name **1951\_invoice\_Activity Summary.PNG** has been selected. ([Click here to remove and upload a different invoice to FPSC](#))

Enter the amount of your invoice, this number must be less-than or equal-to the maximum reimbursable amount of **\$700.00**.

*\* Please note: The program will not reimburse more than the agreed upon amount. Unused funds from any activity expense can not rollover to other activities. Unused funds from this claim will return back to the program's budget upon claim approval.*

Submit Claim

Previous

WHEN YOUR CLAIM IS UNDER REVIEW, IT WILL BE LOCKED AND YOU ARE UNABLE TO EDIT YOUR CLAIM

throughout the program with its helpful 'step-by-step' tracking system.  
 Always remember to return to your "My Profile" for any needs you may have. Ready to get started?

- How to make a claim
- Request an Amendment
- FAQs
- Contact Us
- Message Center

ID	Gap Assessment / Workplan	Activity Cost	70%	Suggested Timeline	Section deadline	Claimed	Make Claim
1	Gap Assessment	\$1000.00	\$700.00	2019-11-14	2019-12-20		Under Review
Gap Assessment / Workplan Section Total		\$1000.00	\$700.00				

**Please Note:** Should you fail to submit your claim prior to your section deadline, the activity will default, and the prearranged funds automatically return to the master budget. In order to fund the defaulted activity, an amendment to your workplan will be necessary. **After an activity defaults, there is no guarantee of available funds.**

WHEN YOUR CLAIM HAS BEEN APPROVED, IT WILL APPEAR ON YOUR PROFILE.  
**IF YOUR CLAIM IS REJECTED;** IT WILL SHOW HERE AS A RED CIRCLE WITH AN X.  
 YOU WILL RECEIVE A MESSAGE INDICATING THE STATUS OF THE CLAIM AFTER REVIEW.

ID	Gap Assessment / Workplan	Activity Cost	70%	Suggested Timeline	Section deadline	Claimed	Make Claim
1	Gap Assessment	\$1000.00	\$700.00	2019-11-14	2019-12-20	Approved	
Gap Assessment / Workplan Section Total		\$1000.00	\$700.00				

\*Approved funds do not roll over if not fully claimed. Unclaimed funds return to the master budget.