Independent First Nations
Jordan's Principle
Pilot Project

FINANCE FORMS
GUIDELINES

34 McCumber Road North, Unit #8
Akwesasne, ON K6H 5R7
Main (613) 932-5852 | Fax (613) 932-9766

IFN FINANCE OFFICE

This Guideline Explains the Following Finance Forms:

REIMBURSEMENT FORM

SERVICE PROVIDER FORM

TRAVEL EXPENSE PAYMENT CLAIM FORM

ADVANCED PAYMENT CLAIM FORM

BANK INFORMATION FORM

DECLARATION FORM

REIMBURSEMENT FORM:

This form is used to process payments for APPROVED products/services/travel

- Please fill out IFN and ISC numbers at top right of document. This can be found on your approval letter or email. For letters it follows the "RE:" and for emails they usually follow "SUBJECT:"
- Fill in Childs name
- For "Reimbursable to" fill out information of the person seeking reimbursement.
- "Description of purchase" tell us briefly what was purchased. Ex: technology, ipad, laptop, headset etc.
- "Check all that apply" check off the type of back-up you have for your purchase. This helps us keep files together or identify missing documents.
- "Total Amount" please add up all receipts/invoices/service provider forms that you are submitting for reimbursement and write in the grand total for reimbursement
- Sign at the bottom.

SERVICE PROVIDER FORM:

This form is used when a service provider does not have an invoice. It's used to track the service hours for services rendered. Do not use if Service Provider has an invoice that can be provided.

- Please fill out IFN and ISC numbers at top right of document. This can be found on your approval letter or email. For letters it follows the "RE:" and for emails they usually follow "SUBJECT:"
- "Service Provider Name" this is the person who performed the service.
- "CLIENT" fill out child's name
- "Parent/Guardian" fill out full names. This helps us verify signatures at the bottom.
- "Date/Description" as shown in the example please identify the service being claimed. Can be written per day with hours or several days up to one month with hours. EX: 'June 1 – 10/ Respite 40 hrs.'
- Fill in Rate
- Sign and Date

TRAVEL EXPENSE PAYMENT CLAIM FORM:

This form is used for mileage, accommodations, meals, taxi and other travel related expenses approved.

- Necessary back-up in most cases: hotel receipts, plane ticket, itinerary of event, doctor note showing appointment etc.
- At least one form of back-up should be provided with Travel claim
- Please fill out IFN and ISC numbers at top right of document. This can be found on your approval letter or email. For letters it follows the "RE:" and for emails they usually follow "SUBJECT:"
- "Travelers Name" this is person who chaperoned the child or if no chaperone fill in child's name.
- "CHILD" fill out child's name
- "Parent/Guardian" fill out full names. This helps us verify signatures at the bottom.
- "Date/Description" as shown in the example please identify the destination or reason for travel with dates.
- Fill in current rates for mileage or meals or accommodations etc.
- Sign and Date

ADVANCED PAYMENT CLAIM FORM:

This form is used for costs approved that need to be paid in advanced such as; boarding fees, living allowances, rent etc.

- Please fill out forms and submit to finance one week prior to the start of the month.
- Please fill out IFN and ISC numbers at top right of document. This can be found on your approval letter or email. For letters it follows the "RE:" and for emails they usually follow "SUBJECT:"
- "Payable To" this is the person who will be responsible to pay the approved costs.
- "CHILD" fill out child's name
- "Parent/Guardian" fill out full names. This helps us verify signatures at the bottom.
- "Date/Description" as shown in the example please identify the costs being covered and the duration (example: Rent/ October 2020)
- Fill in approved rate. If you are unsure contact your Jordan's Principle Navigator.
- Sign and Date

BANK INFORMATION FORM:

This form is used to deposit cheques into bank accounts or send an Electronic Funds Transfer.

- Please fill out IFN and ISC numbers at top right of document. This can be found on your approval letter or email. For letters it follows the "RE:" and for emails they usually follow "SUBJECT:"
- Please fill in the remainder of the form with the information for the person receiving the deposit
- Sign and date

DECLARATION FORM:

This form is used as a last resort when receipts, bank statements or other forms of proof of payment cannot be located.

- Please fill out IFN and ISC numbers at top right of document. This can be found on your approval letter or email. For letters it follows the "RE:" and for emails they usually follow "SUBJECT:"
- Calculations of declared amount and description of items or costs incurred" it is necessary that you show the calculations of the amounts you are claiming to have paid.
- Print name, Sign and Date

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REIMBURSEMENT FORM

IFN# IFN – _____ – _____

ISC# _____

Child's name: _____

REIMBURSABLE TO:

Full Name: _____

Address: _____

Phone: _____

Email: _____

Description of purchase:

_____

_____

Check all that apply:

- ☐ Invoice #_____
- ☐ Receipts attached (check if yes)
  - o Number of Receipts_____
- ☐ Service Provider Claim Form
  - o Number of Forms attached_____
- ☐ Other_____

Total Amount: _____

Parent/Guardian Signature: _____

Payee Signature (if different): _____

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Email: **jpfinance@ifnc.ca**

SERVICE PROVIDER
PAYMENT CLAIM FORM

IFN # IFN – _____ – _____ - _____

ISC# ISC – _____

SERVICE PROVIDER NAME:

_____

Address: _____

_____

Phone: _____

Email: _____

CHILD NAME_____

PARENT/GUARDIAN NAME(S)

_____

_____

Service/Date(s)	Hours	Rate	Amount

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TRAVEL EXPENSE
PAYMENT CLAIM FORM

TRAVELER Name: _____
Address: _____
_____
Phone: _____
Email: _____

IFN # IFN – ____ – _____ – _____

ISC# ISC – _____

CHILD: _____

PARENT/GUARDIAN (S):
_____
_____

Description/Date	Quantity	Rate	Amount
Example: Doctors Appointment / June 15, 2018	*15*	*0.58*	*$8.70*
		Total	

Payee Signature: _____

Witness Signature: _____ Date Submitted: _____

FOR RATES CONTACT IFN JORDAN'S PRINCIPLE NAVIGATOR

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ADVANCED
PAYMENT CLAIM FORM

PAYABLE TO: _____

Address: _____

_____

Phone: _____

Email: _____

IFN # IFN – _____ – _____ – _____

ISC# ISC – _____ – _____

CHILD _____

PARENT/GUARDIAN (S)

_____

_____

Description /Date	Quantity	Rate	Amount
Example: Hotel Accommodations / June 15, 2018	*1*	*$139*	*$139.00*

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BANK INFORMATION FORM

Independent First Nations Number

IFN - _____- _____- _____

Indigenous Services Canada Number

ISC - _____ - _____

Name on the Account: _____

Address: _____

_____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Email: _____

Bank Name: _____

Institution Number: _____ (Three Digits)

Transit Number: _____

Account Number: _____

I, on my own behalf or, as a properly authorized individual for this organization, in lieu of receiving a cheque, hereby authorize the Independent First Nations to issue future payments electronically to the banking information provided.

_____ _____

Signature Date

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DECLARATION FORM

IFN # IFN – _____ – _____ – _____

ISC# ISC – _____– _____

This declaration form is to be used when the original receipt is not available and the service provider is not able to provide confirmation that the services were rendered and all other methods of proving the cost was incurred have been exhausted ex: bank statements. Please submit this form along with the REIMBURSEMENT FORM

Calculations of declared amount and description of items or costs incurred:	Cost:
TOTAL	

By signing below, I acknowledge that I fully understand and agree that all the information provided is true to the best of my knowledge. I declare that I have incurred the above noted expenses and the invoice/receipt is unobtainable.

PRINT NAME:	DATE:
SIGNATURE:	