## Skills Training Grants (STG) User Guide

## Submitting Employer Training Grant Reimbursement Claims

Last Updated: 28 December 2022

- 1. Log into the <u>Skills Training Grants page</u> with your BCeID.
- 2. Scroll down the page to your approved Employer Training Grant (ETG) application, then click "Continue".



3. Click "Begin Reimbursement Claim". There must be at least one participant to report a claim.

| B.C. Employer Training Grant           |                              | Claim Status                                |
|--|------------------------------|---|
| Reimbursement Due: 2022-06-15<br>Claim | Begin Reimbursement<br>Claim | Links<br>View Application<br>View Agreement |

**NOTE**: You may see "*The Reimbursement Claim Report will become available once training has started*". This indicates that the claim cannot begin until after training has started.

| B.C. Employer Training Grant  | Claim Status                       |
|---|------------------------------------|
| The Reimbursement Claim Report will become available once training has started. | Links                              |
|   | View Application<br>View Agreement |

**4.** On the "Reimbursement Claim" page, click on the participant attendance section to report participant attendance. Once all attendance details are entered & accurate, click "Save Attendance".

| Reimbursement Claim   |                   |                         |
|---|-------------------|-------------------------|
|   | Read the Re       | eimbursement Guidelines |
| Participant Attendance<br>Please report attendance for all participants before starting a claim |                   |                         |
| I certify the following participants received this training                                     |                   |                         |
| Name  | Received Training |                         |
| Three, Tester   | ◯ Yes ◯ No        |                         |
|   |                   | Save Attendance         |

5. On the "Reimbursement Claim" page, click on an expense type category.

| Reimbursement Claim              |                                   |                             |
|----------------------------------|-----------------------------------|-----------------------------|
|                                  | Read the Reimbursement Guidelines |                             |
| Expense Type 1: Examination fees | <b>*</b>                          |                             |
| Expense Type 2: Textbooks        | •                                 | Click to expand the Expense |
| Expense Type 3: Tuition fees     | •                                 | Туре.                       |
| TOTAL REIMBURSEMENT CLAIM:       | \$0.00                            |                             |

**6.** Enter in the "Paid Amount" and the "Amount for Fees Paid" for each participant. You will need to repeat these steps for all expense types on your reimbursement claim.

| <b>Reimbursement Clai</b>                                 | m   |  |                    |
|---|---|--|--------------------|
|   |   | Read the Reimbu  | rsement Guidelines |
| Participant Attendance                                    |   |  | COMPLETED          |
| Please report attendance for all p                        | articipants before starting a claim   |  |                    |
| Expense Type 1: Tuition fees                              |   |  |                    |
| TOTAL TUITION FEES  |   |  |                    |
| Total Approved Amount                                     |   |  | \$1,000.00         |
| Refer to Schedule A of your Agreen                        | eent.   |  |                    |
| Number of Participants Approv                             | red   |  | 1                  |
| Refer to Schedule A of your Agreen                        | nent.   |  |                    |
| Number of Participants who co                             | mpleted training  |  | 1                  |
|   | ant mormation form to be included in your claim.  |  |                    |
| Paid Amount<br>Enter the total amount for Tuition         | fees paid for all participants that attended the training.  |  | \$0.00             |
| Maximum government contrib                                | ution per participant   |  | \$0.00             |
| This is the maximum amount you                            | may claim per participant.  |  |                    |
|   | <del>.</del>  |  |                    |
| Now enter the amount for Tuition                          | n fees paid for each individual participant.  |  |                    |
|   |   |  |                    |
| Only participants who were<br>Please see Schedule A of vo | approved during the assessment of your application<br>ur Agreement for approved participants. You are res | n can be included in your reimb<br>consible for the full cost of train | oursement claim.   |
| participant not listed in Sch                             | edule A of your Agreement.  |  | 5 /                |
| Three Tester  |   |  |                    |
| Amount for Tuition fees paid                              |   |  | \$0.00             |
| Government contribution per p                             | The cost of each participant  |  | \$0.00             |
|   | and cost of cach participant  |  |                    |
| The total Government contribu                             | cannot exceed the Maximum   |  | \$0.00             |
|   | Cost per Participant listed   |  |                    |
|   | under the total training  |  |                    |
| TOTAL REIMBURSEN  | costs.  |  | \$0.00             |
|   |   |  |                    |

**7.** Scroll down to the "Proof of Payment Documents" section and answer the first question about if participants paid for any expenses in your claim. If yes, answer if you have reimbursed them or not.

| PROOF OF PAYMENT DOCUMENTS  | <b>Note:</b> you must reimburse participants                               |
|---|--|
| Did any participant(s) pay for any expenses included in this claim? * <ul> <li>Yes</li> <li>No</li> </ul> | before submitting your claim.  |
| Have you fully reimbursed the participant(s)? *   | Have you fully reimbursed the participant(s)? * <ul> <li>Yes No</li> </ul> |
| Save for later  | You must fully reimburse all participants before you can submit a claim.   |

**8.** You will need to include Proof of Payment. Click "Add Attachment". In the pop up click "Choose File" then select "OK".

| PROOF OF PAYMENT DOCUMENTS  |   |
|---|---|
| Receipts  |   |
| To be reimbursed for pre-approved expenses, you must provide evidence that costs were bo<br>incurred and <u>paid</u> . When valid receipts are available, no other proofs of payment are required<br>valid receipt is any document that contains the following <u>five</u> elements:  | th<br>I. A  |
| <ol> <li>Name of vendor (person or training provider you paid)</li> <li>Transaction date (when you paid)</li> <li>Detailed description and quantity of goods or services purchased (what you paid for)</li> <li>Amount paid (including taxes)</li> <li>Method of payment (cash, cheque, or last four digits of credit card)</li> <li>NOTE: For online credit card purchases, the receipt would be a printout or email of the confirmation of purchase, registration, etc., provided by the training provider's website after payment. It may be necessary for you to print the details of the purchase from a computer screen.</li> </ol> | Click any link for a specific<br>receipt example. |
| Receipt examples:   |   |
| Sales Receipt/Paid Invoice   Paper Receipt   Email Receipt for Online Purchase  |   |
| We accept clear photos of receipts and other documents taken with your smartphone   |   |
| Additional Proof of Payment   |   |
| Additional proof of payment is only necessary when receipts do not contain all five elements above. The following documents are not sufficient on their own:  |   |
| <ul> <li>Cleared cheque — Provide a copy of the front and back of a cleared cheque (if paid by cheque). Most cleared cheques are available as scanned account.</li> <li>Credit card or bank statement — Provide a copy of you showing funds were transferred to the training provider.</li> </ul>   |   |
| the transaction for which reimbursement is requested. Do rear up your business nar  | ne  |
| or the beneficiary organization (e.g. training provider nat   | Add Attachment                                    |
| Travel Expenses   | Name:   |
| If applicable, you must attach a completed Travel Expense Form. Receipts for travel expense only required for flights (if applicable).  | Description:                                      |
| Submit Your Claim   |   |
| For each attachment, enter a description to identify what part of your claim it supports (for exa   |   |
| type "Tuition" or "Mandatory student fees" in the description of each attachment).  |   |
| Accepted file types: PDF, JPG, JPEG, PNG, GIF. Maxim  | 500 chars left                                    |
| Add attachment  | Cancel  |
|   |   |

9. Once all claim details are entered and accurate, click "Submit my claim now".

**NOTE**: If you are not ready to submit your claim, you can click "Save for later" to save your reimbursement claim.

| Additional Proof o   | f Payment   |   |   |
|--|---|---|---|
| Additional proof of pa<br>above. The following   | ayment is only necessary when receipts o<br>documents are not sufficient on their ow  | do not contain all five elements<br>m:  |   |
| Cleared cheque –<br>cheque). Most clea<br>account.   | – Provide a copy of the front and back of ared cheques are available as scanned im  | a cleared cheque (if paid by<br>ages from your online bank  |   |
| <ul> <li>Credit card or ban<br/>showing funds we<br/>the transaction for<br/>or the beneficiary</li> </ul> | <b>nk statement</b> — Provide a copy of your of<br>re transferred to the training provider. Co<br>which reimbursement is requested. Do r<br>organization (e.g. training provider name | credit card or bank statement<br>over up any details not relevant t<br>not cover up your business name<br>e). | 0<br>2  |
| Travel Expenses  |   |   |   |
| If applicable, you mus<br>only required for fligh  | st attach a completed Travel Expense Forn<br>nts (if applicable).   | m. Receipts for travel expenses a   | re  |
| Submit Your Claim  | 1   |   |   |
| For each attachment,<br>type "Tuition" or "Man   | enter a description to identify what part of<br>datory student fees" in the description of ed   | your claim it supports (for exampl<br>ach attachment).  | le,   |
| Accepted file types: P   | DF, JPG, JPEG, PNG, GIF. Maximum file siz   | e is 5 MB.  |   |
| Attachment<br>Test Document.pdf  | Description   | Edit / Remove   | Click "Save for later" if you<br>are not ready to submit your<br>claim. |
| Add attachment   |   | Save for late   |   |
|  |   | Submit my claim nov   |   |

10. The page will refresh to show "Review and Submit Reimbursement Claim". Review your reimbursement claim. If you need to make any changes, click "Edit." Once you're finished, tick the "By placing a check mark in this box [...]" checkbox, then click "Submit Claim."

| < Return   |       |
|--|-------|
| Review and Submit Reimbursement Claim  |       |
| Please ensure all paid amounts have been entered correctly for each expense and ensure that receipts and supporting documentation have been attached. After you have reviewed your claim, press the "Submit Claim" button. |       |
| Eligible Expense Summary   | Edit  |
| Participant Attendance   | ▼     |
| Please report attendance for all participants before starting a claim  |       |
| Expense Type 1: Examination fees   | ▼     |
| TOTAL REIMBURSEMENT CLAIM:   | 60.00 |
| Proof of Payment Documents   |       |
| There are no attachments.  |       |
| By placing a check mark in this box, I certify that the claim information I submit is true, accurate and compliant with the Grant Agreement.   | 16    |
|  |       |

 The claim is now submitted for review by the program area. The Claim Status should now say "Claim Submitted". Click "View Claim" on the application summary page to view its details.

| Claim submitted s                                      | uccessfully  |  |  |   |  |
|--|--|--|--|---|--|
| Home   |  |  |  |   |  |
| B.C. Employer Ti                                       | raining Grant  |  |  |   | Claim Status   |
| Your cla<br>accurac<br>of your<br>details o<br>are una | im has been submit<br>y before reimbursen<br>claim anytime. We rr<br>of your claim. <b>Please</b><br>ble to reach you, you | ted. A member of<br>nents are made. Y<br>nay contact you fo<br>respond to the<br>rr claim may be c | f our team will review your<br>'ou may return here to cheo<br>or additional information o<br><b>se requests as soon as po</b><br>ancelled by the Ministry. | claim for<br>ck the status<br>r to verify<br><b>ssible.</b> If we | Links<br>View Application<br>View Agreement<br>View Participant List |
| Claim  | Submitted  | Assessed   | Status   | Amount  | View Claim   |
| View Claim   | 2022-10-31   |  | Claim Submitted  | \$60.00   |  |
|  |  |  |  |   |  |
|  |  |  |  |   |  |