

# Financial Claim Submission – Claimant User Manual

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**City of Lethbridge**

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# Claimant User Manual

## Claim Form Information

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### Introduction

This manual serves as a step-by-step guide for a claimant on how to submit a financial claim. This application replaces the previously used fillable Claim Form.

The Community Social Development (CSD) department within the City of Lethbridge administers and operates multiple grants for the provincial and federal government as well as tax-supported initiatives. It is the policy of the City of Lethbridge to only pay legitimate, authorized and adequately documented obligations, on time and in accordance with the Grant or Contribution Agreement between the City and the funder and through City Council approval.

### System Requirements

A stable, working internet connection.

The City recommends using Microsoft Edge as the preferred web browser. Running Windows 10 or Windows 11 with an upgraded Edge browser to the latest version should be sufficient. For security reasons and because the application this form is based upon, Cognito, uses modern security features in the transmission of the information, older browsers such as Internet Explorer are not supported. If you are a Mac user, you can try using Safari, though it is recommend downloading the latest version of Microsoft Edge. For additional information about how we handle your personal and/or confidential information, please refer to the City's Privacy Policy <https://www.lethbridge.ca/news-notice-stories/privacy-policy/>

### Required Documents

• Current Agreement	• Prior Claim Details
• WCB Number or Exemption Letter (if applicable)	• Annual Financial Report (if applicable)
• Current Insurance Details	• Previous Financial Report (if applicable)
• Current Claim Details	

## FAQs

1. Can I submit my Outcome Reports (Schedule D), Incident Reports through this application as well?
  - a. No. These must be submitted via email to the **CSD Contracts Mailbox** at [csd.contracts@lethbridge.ca](mailto:csd.contracts@lethbridge.ca)
2. Am I required to submit my financial reports (e.g. Audited Financial Statements, Profit & Loss Statement, Invoice, etc.) through this application?
  - a. Yes
3. Do I need to submit my previously submitted claims through this application?
  - a. No. These will be pre-populated
4. I get error messages when I access the application. Who do I contact?
  - a. **Claims Mailbox** at [csd.claims@lethbridge.ca](mailto:csd.claims@lethbridge.ca)
5. I have questions about the eligibility of some of my expenses. For example, can I move funding between budget categories within my Schedule B? Who do I contact about this?
  - a. **CSD Contracts Mailbox** at [csd.contracts@lethbridge.ca](mailto:csd.contracts@lethbridge.ca)
6. Have the financial claim reporting requirements or deadlines changed now that the submission process has changed?
  - a. No. Claims are due by the 10<sup>th</sup> business day of the following month/quarter close.
7. I have new staff assisting with this process and would like some training, who do I contact?
  - a. **Claims Mailbox** at [csd.claims@lethbridge.ca](mailto:csd.claims@lethbridge.ca)
8. Is the information I submit secure?
  - a. This information is being collected using Cognito Forms, a third-party cloud services provider. Refer to the Cognito Forms Privacy Policy for more information. Once collected, it is stored and processed within the City's Microsoft 365 tenant where controls are in place to limit access to your information.

9. I am unsure what information to enter in a section of the application. Who do I contact?

- a. **Claims Mailbox** at [csd.claims@lethbridge.ca](mailto:csd.claims@lethbridge.ca)

10. Who do I contact to follow up with my claim status?

- a. **Claims Mailbox** at [csd.claims@lethbridge.ca](mailto:csd.claims@lethbridge.ca)

11. Will this process expedite my claim payment?

- a. It is the policy of the City to pay suppliers of goods and services, 30 (Thirty) days from receipt of a claim. If the information submitted is timely, accurate and complete, you may, however, receive your payment sooner.

12. I did not receive a confirmation/verification email from [donotreply@lethbridge.ca](mailto:donotreply@lethbridge.ca) after I submitted my claim. What should I do?

- a. While it might take several minutes to receive the confirmation email response, it is recommended you check Spam folders if it does not appear in your inbox after some time. If that occurs, please check first with your IT department to see if it is blocked or quarantined before contacting the Claims Mailbox.

## Support & Contact Information

Financial Claims Mailbox  
[csd.claims@lethbridge.ca](mailto:csd.claims@lethbridge.ca)

Jasmina Salter, Sr. Accounting Technician, Community Services  
403.320.4196 [jasmina.salter@lethbridge.ca](mailto:jasmina.salter@lethbridge.ca)

Caralyn Boh, Financial & Administration Manager, Community Services  
403.320.4221 [caralyn.boh@lethbridge.ca](mailto:caralyn.boh@lethbridge.ca)

CSD Contracts Mailbox  
[csd.contracts@lethbridge.ca](mailto:csd.contracts@lethbridge.ca)

## Steps to Complete the Submission

Populate the information in boxes. Boxes with a red asterisk require information and the form cannot be submitted if left blank. You can save your work and return to it at any time.

### Address \*

123 Example

As you saw, if you've entered an address before, it might be already saved to save you some entry time

Lethbridge

Alberta

T1H 7H6

Canada

Address that the payment should be sent to.

### Phone Number

403-555-1234

Phone number for the organization making the claim.

### Agreement Details

Claims for services must be completed and submitted electronically using the required scheduled B1 by the 10th business day of the month following the month or the quarter closure depending on the claim frequency.

### Vendor Name \*

COLTestSept

### Agreement Name \*

Sept Test

### Agreement Term (Start Date) \*

2025-07-01

This can be found in the executed agreement.

### Agreement Term (End Date) \*

2026-01-30

This can be found in the executed agreement.

Next >

Save

1

paid to

Your progress has been saved.

Copy or email the link below and return to your form to complete your submission.

Copy your form link:

<https://www.cognitoforms.com/CityOfLethbridge1/ClaimForm#KyvG2M>

Email me my link: \*

Send

You can copy this link to share

You can enter multiple e-mail addresses by utilizing the semi-colon.



## Claim Form

V1.0 - Draft

Claim Details

Expenses

Comments &amp; Submission

**Invoice Number \****Invoice number referenced on their payment.***Cheques Payable to \****Organizations name that the payment should be payable to.***Address \***

Address Line 1

Address Line 2

Lethbridge

Alberta

Postal / Zip Code

Canada

*Address that the payment should be sent to.***Phone Number***Phone number for the organization making the claim.*



## Claim Form

V1.0 - Draft

Claim Details

Expenses

Comments &amp; Submission

**Invoice Number \****Invoice number referenced on their payment.***Cheques Payable to \****Organizations name that the payment should be payable to.***Address \****Address that the payment should be sent to.***Phone Number***Phone number for the organization making the claim.*





## Claim Form

V1.0 - Draft

Claim Details

Expenses

Comments &amp; Submission

**Invoice Number \****Invoice number referenced on their payment.***Cheques Payable to \****Organizations name that the payment should be payable to.***Address \****Address that the payment should be sent to.***Phone Number***Phone number for the organization making the claim.***Agreement Details***Claims for services must be completed and submitted electronically using the required scheduled B1 by the 10th business day of the month following the month or the quarter closure depending on the claim frequency.*

Enter your Invoice Number here

Invoice number referenced on their payment.

**Cheques Payable to \***

Enter where cheques should be paid to

Organizations name that the payment should be payable to.

Blood Tribe / Kainai Nation

Canadian Mental Health Association

COLTestSept

Danielle Lenaour

Downtown Business Revitalization Zone

Family Centre

Governors of the University of Lethbridge- TEST

Jasmina Test Vendor

Lethbridge School Division

Matt Pitcher

Nord-Bridge Seniors Center

Suraj Vendor Demo

Test Vendor Sep 23

This can be found in the executed agreement.

save you some entry time

T1H 7H6

Canada

Agreement Name \*

This can be found in the executed agreement.

Agreement Term (Start Date) \*

This can be found in the executed agreement.

Agreement Term (End Date) \*

This can be found in the executed agreement.

Next >

Save

1/2/2026

10

**Address \***

123 Example

As you saw, if you've entered an address before, it might be already saved to save you some entry time

Lethbridge

Alberta

T1H 7H6

Canada



Address that the payment should be sent to.

**Phone Number**

403-555-1234

Phone number for the organization making the claim.

**Agreement Details**

Claims for services must be completed and submitted electronically using the required scheduled B1 by the 10th business day of the month following the month or the quarter closure depending on the claim frequency.

**Vendor Name \***

COLTestSept

**Agreement Name \***

[This can be found in the executed agreement.]

**Agreement Term (Start Date) \***

This can be found in the executed agreement.

**Agreement Term (End Date) \***

This can be found in the executed agreement.

Next &gt;

Save

**Address \***

123 Example

As you saw, if you've entered an address before, it might be already saved to save you some entry time

Lethbridge

Alberta

T1H 7H6

Canada

Address that the payment should be sent to:

&lt;&lt; &lt; 2025 November &gt; &gt;&gt;

Phone Number

403-555-1234

Phone number for the organization making the claim

**Agreement Details**

Claimant services must be completed and submitted electronically using the required scheduled B1 by the 10th business day of the month following the month or the quarter closure depending on the claim frequency.

**Vendor Name \***

COLTestSept

**Agreement Name \***

Sept Test

**Agreement Term (Start Date) \***

|

This can be found in the executed agreement.

**Agreement Term (End Date) \***

This can be found in the executed agreement.

Next &gt;

Save

**Address \***

123 Example

As you saw, if you've entered an address before, it might be already saved to save you some entry time

Lethbridge

Alberta

T1H 7H6

Canada

*Address that the payment should be sent to.***Phone Number**

403-555-1234

*Phone number for the organization making the claim.***Agreement Details***Claims for services must be completed and submitted electronically using the required scheduled B1 by the 10th business day of the month following the month or the quarter closure depending on the claim frequency.***Vendor Name \***

COLTestSept

**Agreement Name \***

Sept Test

**Agreement Term (Start Date) \***


2025-07-01

*This can be found in the executed agreement.***Agreement Term (End Date) \***

2026-01-30

*This can be found in the executed agreement.*

Save

**Claim Form**  
V1.0 - Draft

Claim Details

Expenses

Comments & Submission

**Claim Details**

**Type of Claim \***


**Claim Date Range (Start Date) \***  
  
Start date of the time period covered by this claim.

**Claim Date Range (End Date) \***  
  
End date of the time period covered by this claim.

**Claim Sequence**  
  
eg. 7 of 12 or 2 of 4  
Enter in the number of claims submitted under the current agreement including the current claim and the total number of claims that will be submitted under this agreement.

**Expenses Claim Amounts**  
Expenses as appropriate as part of this claim to be claimed from the city

Amount Category	Expense
Administrative Expenses	<input type="text" value="\$0.00"/>



# Claim Form

V1.0 - Draft

Claim Details

Expenses

Comments & Submission

## Claim Details

**Type of Claim \***

Fee for Service & Lease

**Claim Date Range (Start Date) \***

Start date of the time period covered by this claim.

<< < 2025 November > >>

Sun Mon Tue Wed Thu Fri Sat

26 27 28 29 30 31 1

eg. 7 of 12 or 2 of 4

2 3 4 5 6 7 8

9 10 11 12 13 14 15

16 17 18 19 20 21 22

23 24 25 26 27 28 29

30 1 2 3 4 5 6

Enter in the number of claims submitted under the current agreement including the current claim and the total number of claims that will be submitted under this agreement.

**Claim Date Range (End Date) \***

End date of the time period covered by this claim.

## Expenses Claim Amounts

Expenses as appropriate as part of this claim to be claimed from the city

Amount Category	Expense
Administrative Expenses	\$0.00

1/2/2026

15

## Claim Details

## Expenses

## Comments &amp; Submission

## Claim Details

## Type of Claim \*

Fee for Service &amp; Lease



## Claim Date Range (Start Date) \*

2025-11-01



Start date of the time period covered by this claim.

## Claim Date Range (End Date) \*

2025-11-30



End date of the time period covered by this claim.

## Claim Sequence

pg. 7 of 12 or 2 of 4

Enter in the number of claims submitted under the current agreement including the current claim and the total number of claims that will be submitted under this agreement.

## Expenses Claim Amounts

Expenses as appropriate as part of this claim to be claimed from the city

## Amount Category

## Expense

Administrative Expenses

\$0.00

Wages &amp; Benefits

\$0.00

Project Delivery Expenses

\$0.00



**Claim Date Range (Start Date) \***

2025-11-01

*Start date of the time period covered by this claim***Claim Date Range (End Date) \***

2025-11-30

*End date of the time period covered by this claim***Claim Sequence**

2 of 4

*Enter in the number of claims submitted under the current agreement including the current claim and the total number of claims that will be submitted under this agreement.***Expenses Claim Amounts***Expenses as appropriate as part of this claim to be claimed from the city***Amount Category****Expense**

Administrative Expenses

\$0.00

Wages &amp; Benefits

\$0.00

Project Delivery Expenses

\$0.00

Direct Client Expenses

\$0.00

Contractor Client Expenses

\$0.00

Revenue Claim Amount

\$0.00

**Total Expenses Claim Amount**

\$0.00

Note: Not all claims will have Revenue Claim Amounts. If this is not applicable, leave as \$0.00

Claim Details

Expenses

Comments & Submission

**Claim Requirements**

**Previous Period Financial Report \***

☒ Yes ☐ No ☐ Not Applicable

**Annual Financial Report \***

**Is Insurance Required with your Agreement? \***

Yes

**Insurance Expiry Date \***

**WCB Available?**

Yes

**WCB Number \***

Claims to be submitted by the 10th business day of the month following the quarter closure

**Invoices**

Upload

 or drag files here.

Claim Details

Expenses

Comments & Submission

**Claim Requirements**

**Previous Period Financial Report \***

☒ Yes ☐ No ☐ Not Applicable

**Annual Financial Report \***

None Required

Audit Engagement

Review Engagement

Compilation Engagement

Other

**Is Insurance Required with your Agreement? \***

Yes

**WCB Available?**

Yes

Claims to be submitted by the 10th business day of the month following the quarter closure

**Invoices**

Upload

 or drag files here.

Claim Details	Expenses	Comments & Submission
<b>Claim Requirements</b>		
<b>Previous Period Financial Report *</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable		<b>Annual Financial Report *</b> None Required
<b>Is Insurance Required with your Agreement? *</b> Yes		<b>Insurance Expiry Date *</b>
<b>WCB Available?</b> Yes		<b>WCB Number *</b>
Claims to be submitted by the 10th business day of the month following the quarter closure		
<b>Invoices</b>		
<div>Upload or drag files here.</div>		

**Claim Requirements****Previous Period Financial Report \***

☒ Yes ☐ No ☐ Not Applicable

**Annual Financial Report \***

Other

**Specify Annual Financial Report type, if Other \***

If other enter here

**Is Insurance Required with your Agreement? \***

Yes

**Insurance Expiry Date \***

2025-12-31

**WCB Available?**

Yes

Yes

Exempt

Not Required Per Agreement

**WCB Number \***

s day of the month following the quarter closure

Upload

or drag files here.

Claim Details	Expenses	Comments & Submission
<b>Claim Requirements</b>		
<b>Previous Period Financial Report *</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable		<b>Annual Financial Report *</b> Other <span>▼</span>
<b>Specify Annual Financial Report type, if Other *</b> <div>If other enter here</div>		
<b>Is Insurance Required with your Agreement? *</b> Yes <span>▼</span>		<b>Insurance Expiry Date *</b> 2025-12-31 <span>📅</span>
<b>WCB Available?</b> Exempt <span>▼</span>		
<input type="checkbox"/> Yes, WCB exempt letter has been submitted		
WCB Exempt Letter is required.		
Claims to be submitted by the 10th business day of the month following the quarter closure		
<b>Invoices</b>		
<div>Upload <span>or drag files here.</span></div>		

**Is Insurance Required with your Agreement? \***

Yes

**Insurance Expiry Date \***

2025-12-31

**WCB Available?**


Yes

**WCB Number \***


Enter WCB number here

Claims to be submitted by the 10th business day of the month following the quarter closure


**Invoices**

 or drag files here.

**Profit & Loss Statements**

 or drag files here.

**Other Supporting Documents**

 or drag files here.


**Invoices**

 or drag files here.

**Profit & Loss Statements**

 or drag files here.

**Other Supporting Documents**

 or drag files here.

**Comments****Signature**

I'm an authorized representative from the organization to sign the completed claim form and submit for review. \*

**Signature**

I'm an authorized representative from the organization to sign the completed claim form and submit for review. \*

No

Please save the form and share the link with an authorized representative to review and sign.

**Name \***

My N

Last

**Submitter Email \*****Reviewer Email \***

Additional Email (Limited to one email. If none required, enter same as Submitter Email above.)

**Declaration \***

☐ I hereby confirm that all the information provided in this form is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of this claim and/or further action as per the organization's policies.

This will submit the Claim Form to the City of Lethbridge

< Back

Submit

Save

**Signature**

I'm an authorized representative from the organization to sign the completed claim form and submit for review. \*

Yes

**Vendor Signature \***

x

draw type



**Name \***

First	Last
-------	------

**Submitter Email \***

--

**Reviewer Email \***

Additional Email (Limited to one email. If none required, enter same as Submitter Email above.)
---

**Declaration \***

- ☐ I hereby confirm that all the information provided in this form is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of this claim and/or further action as per the organization's policies.

This will submit the Claim Form to the City of Lethbridge

**Reviewer Email \***

Additional Email (Limited to one email. If none required, enter same as Submitter Email above.)
---

**Declaration \***

- ☐ I hereby confirm that all the information provided in this form is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of this claim and/or further action as per the organization's policies.

This will submit the Claim Form to the City of Lethbridge

&lt; Back

Submit

Save

3

## Confirmation

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Once the claim has been submitted, you will receive an email confirmation and a detailed PDF of your submission.