



**Instructions - Calculation of Arrears for Special or Extraordinary Expenses**

1. You must have a support order or agreement stating the payor is required to pay all or a share of certain expenses.
2. BCFMA must have confirmed that the expense(s) is collectible by the Agency. Please do not send in receipts or use this Calculation Form unless you have already received that confirmation from us.
3. The copies of receipts provided and the amounts entered on the Calculation Form must be specifically related to the expense stated in your court order or agreement.  
For example – the payor is to pay ‘hockey expenses’, acceptable receipts would be for hockey registration or hockey equipment. Not acceptable are gas receipts for driving child back and forth to practice, or tournaments or receipts for meals or accommodation. The receipt must reference the expense.
4. Where an expense is subject to reimbursement from an insurance plan, ensure that:
  - You and/or the payor have submitted the expense(s) to appropriate insurance plans for reimbursement.
  - The amount entered on the Calculation Form is the remaining amount owing to you after the reimbursement process.
5. On the Calculation Form enter the details of each expense not already fully paid by the payor, including date; description of expense; name of child; total amount of the expense; percentage owed by the payor; and the portion owing by the payor. You will need to calculate the total amount owing by the payor. If the payor has made a partial payment towards an expense, be sure to include the amount and date of the payment on your List of Payments Received Form.  
  
Please be neat and accurate when recording the expenses and refrain from writing inappropriate comments on the Calculation Form as a copy will be sent to the payor for review, and it may be used in any actions taken by us.
6. You must provide legible copies of all receipts for the amounts indicated on the Calculation Form. Please do not send the original receipts, as you should retain those for your own records.
7. Return the completed and signed Calculation Form with a copy of receipts to our office; or go to our website, sign into your web account and send us a message attaching this information.
8. We may amend the Calculation Form if there are minor errors or if either you or the payor provide information at a later date - as below.

***The payor will be sent a copy of the completed Calculation Form.***

***If the payor questions an expense, we will provide him or her with a copy of the receipt.***

***If you have concerns about sharing any information on the receipts with the payor, please contact BCFMA.***

Amendments to Calculation Form by BCFMA		Total calculated by recipient:	\$
Note #	Comment		
<b>For Office Use Only</b>			
		<b>Amended Total:</b>	\$

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Enrolment Services Advisor

\_\_\_\_\_  
Date