MATAWA EMPLOYMENT & TRAINING

Advance or Payment Claim

Project Number _____
Period covered by this claim
From / / To / /
dd mm yy dd mm yy
Is this your final claim? If no, indicate claim number
( ) YES ( ) NO ( )

Name of Employer/Sponsor
Mailing Address

City/Town	**Province**	**Postal Code**
Name of Contact Person		**Telephone Number with Area code ( )**

Wage/Allowance Costs Staff col. 1	**No. Of Participants Col. 2**	**Hours /Weeks Claimed Col. 3**	**Hourly/ Weekly Rate Approved Col. 4**	**Claimed for this period Col. 5 (Col. 3 x 4) Col. 6**		**Office Use Do not fill in**
Occupation						
				SUB TOTAL		
Mandatory Employment Related Costs						
Overhead Costs:						
Training Costs:						
Special Costs:						
				TOTAL		

Are all costs substantiated by copies of invoices/payroll records? If not, why? _____

Employer Certification:
I certify the information is true and correct to the best of my knowledge and claimed in accordance with the agreement

Signature	**PRINT NAME**	**Date**

For Office Use Only

Cheque Stub Information	**Dollar Amount**	**Code P = Pay CR = Credit**

Certified to be in accordance with the terms and conditions of the agreement

Amount of Payment $ _____
[ ] CRF $ _____
[ ] EI $ _____

_____ _____
Community Development Officer **Date**

_____ _____
Finance/Data Entry Clerk **Date Captured**

Verified	**Payment Issued**	**GL Account #'s**
Initials **Date**	**Financial Controller** **Date** **Cheque No.**	