

MUSHKEGOWUK COUNCIL - EMPLOYMENT & TRAINING SERVICES

ADVANCE OR PAYMENT CLAIM			PROJECT NUMBER: _____			
Name of Employer/Sponsor: _____			Period Covered by this claim From ____/____/____/ To ____/____/____			
Mailing Address: _____			Is this your final claim? If no, indicate claim number () YES () NO ()			
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 (claimed to the nearest dollar) Col. 5 (Col. 3 x4) Col. 6	OFFICE USE DO NOT FILL IN	
SUB-TOTAL						
Mandatory Employment Related Costs (MERCs)						
Overhead Costs						
Training Costs						
Special Costs						
Project Manager /Trainer						
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: _____
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OFFICIAL USE		
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 \$ _____	
_____ Community Development Officer Date		
_____ Program Support Clerk Date Captured		
Authorized _____ Initials	Payment Issued _____ Financial Controller Date	DATE _____
	_____ Cheque No.	