



# Akwesasne Career & Employment Support Services

## Job Creation Partnership - Advance Payment Claim Form

FILE NO.:	SOURCE DOC:
PERIOD CLAIMED: (MM/YYYY) – (MM/YYYY)	SOURCE DOC:
IS THIS YOUR FINAL CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER:			
CANADIAN MAILING ADDRESS:			
PROVINCE:	POSTAL CODE:	CONTACT PERSON:	PHONE NUMBER:

OTHER COSTS THIS CLAIM	AMOUNT COL 1	LINE OBJECT	VARIANCE COL 2	ADJUSTED AMOUNT COL 3	CUMULATIVE PAID COL 4
		5224			
<b>TOTAL &gt;</b>					

### EMPLOYER CERTIFICATION

I/WE CERTIFY THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND CLAIMED IN ACCORDANCE WITH THE AGREEMENT.

(AGREEMENT SIGNATORY)	(PLEASE PRINT NAME)	(DATE)
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### ACCESS / OFFICIAL USE:

TYPE	AMOUNT	CR	CHEQUE INFORMATION	DATA ENTERED

CERTIFIED TO BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE AGREEMENT:

(ACCESS SIGNATORY)	(DATE)
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