



Akwesasne Career & Employment Support Services

Local Projects Program - Advance Payment Claim Form

FILE NO.:	SOURCE DOC:
PERIOD CLAIMED: (MM/YYYY) – (MM/YYYY)	SOURCE DOC:

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

PARTICIPANT NAME/OCCUPATION COL 1	HOURS CLAIMED COL 2	ACCESS HOURLY RATE COL 3	TOTAL CLAIMED COL 4	ACCESS USE	ACCUMULATED TO DATE ACCESS USE
WAGE COST:				5220 / 5420	
MANDATORY EMPLOYER RELATED COSTS:				5223 / 5423	
TRAINING COSTS:	OFF JOB SITE	TOTAL HOURS	RATE PER HOUR		
TRAINING COST:				5226 / 5426	
SPECIAL COSTS FOR THE DISABLED:				5252 / 5452	
Please provide supporting documentation: Paystubs, Receipts, EI Pmts, etc.			TOTAL CLAIM:		

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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* ACCESS USE ONLY *

ORG TYPE:	PROJECT OFFICER:	NOC:	SIC:	ACTIVITY CODE:
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ACTIVITY REPORT

PLEASE PROVIDE A STATEMENT OF THE ACTIVITIES UNDERTAKEN AND/OR THE TRAINING PROVIDED TO THE PARTICIPANTS (EMPLOYEES) DURING THE PERIOD BEING CLAIMED.