



Akwesasne Career & Employment Support Services

Intern & Apprentices 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 |
|---|---------------------------|--------------------------------|------------------------|-------------|--------------------------------------|
| | | | | 5220 / 5420 | |
| | | | | | |
| | | | | | |
| WAGE COST: | | | | | |
| MANDATORY EMPLOYER RELATED COSTS: | | | | 5223 / 5423 | |
| TRAINING COSTS: | OFF JOB SITE | TOTAL HOURS | RATE PER HOUR | 5226 / 5426 | |
| TRAINING COST: | | | | | |
| SPECIAL COSTS FOR THE DISABLED: | | | | | 5252 / 5452 |
| 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 |
|---------------------|-------------------|------|

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 |
|------------------|------|

| * ACCESS USE ONLY * | | | | |
|---------------------|------------------|------|------|----------------|
| ORG TYPE: | PROJECT OFFICER: | NOC: | SIC: | ACTIVITY CODE: |

ACTIVITY REPORT

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