



Akwesasne Career & Employment Support Services

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**SEED PROGRAM
 ADVANCE PAYMENT CLAIM FORM**

FILE NO.	FROM:
PERIOD CLAIMED: (MM/YYYY) - (MM/YYYY)	TO:

Name of Employer:

Mailing Address:

Province: _____ **Postal Code:** _____ **Phone #:** _____ **Contact Person:** _____

COL 1 PARTICIPANT NAME	COL 2 HOURS PER PARTICIPANT	COL 3 ACCESS HOURLY RATE	COL 4 TOTAL CLAIMED		ACCUMULATED TO DATE ACCESS USE:
TOTAL WAGE COST:				5520	
MADATORY EMPLOYMENT RELATED COST:					
UNEMPLOYMENT INSURANCE PREMIUMS:					
CANADA / QUEBEC PENSION PLAN PREMIUMS:					
VACATION PAY:					
WORKERS COMPENSATION BOARD:					
TOTAL M.E.R.C. COST:				5223	
OVERHEAD COSTS (Please attach copy of receipts) :					
TOTAL OVERHEAD COSTS:				5524	
TOTAL:					

EMPLOYER CERTIFICATION

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

 (AGREEMENT SIGNATORY) (PRINT NAME) (DATE)

ACCESS OFFICIAL USE:

TYPE	AMOUNT	CR	CHEQUE INFORMATION	DATA ENTERED

 (ACCESS SIGNATORY) (DATE)

