



# Akwesasne Career & Employment Support Services

## Purchase of Training Advance Payment Claim form

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

1. NAME OF INSTITUTION / TRAINER:			
2. MAILING ADDRESS:			
3. PROVINCE:	4. POSTAL CODE:	5. CONTACT PERSON:	6. PHONE NUMBER: (   )   -
7. COURSE TITLE:			

PLEASE ATTACH COPIES OF ALL RECEIPTS TO THE FOLLOWING EXPENDITURES BEING CLAIMED

COL 1	COL 2 TOTAL CLAIMED	ACCESS USE PLEASE INDICATE 5283/5254	ACCUMULATED TO DATE ACCESS USE	
8. CURRICULUM DEVELOPMENT:		5283 / 5254		
9. INSTRUCTIONAL COST:				
10. MATERIALS & SUPPLIES:				
11. FACILITY RENTALS:				
12. EQUIPMENT RENTALS:				
13. ON SITE COORDINATION:			5283 / 5254	
14. AUDIT FEES:			5272	
<b>TOTAL:</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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## AGREEMENT ACTIVITIES REPORT

PLEASE PROVIDE A GENERAL DESCRIPTION OF THE ACTIVITIES UNDERTAKEN AND/OR THE TRAINING PROVIDED TO THE PARTICIPANTS (EMPLOYEES) DURING THIS PERIOD BEING REPORTED.