



Akwesasne Career & Employment Support Services Job Opportunity Program Payment Claim Form

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

NAME OF EMPLOYER:					
MAILING ADDRESS:					
PROVINCE:		POSTAL CODE:		PHONE NUMBER:	
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	
MANDATORY 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:				5224	
TOTAL:					

AGREEMENT ACTIVITIES REPORT

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

EMPLOYER CERTIFICATION:

I CERTIFY THE 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

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

(ACCESS SIGNATORY)

(DATE)