

# AKWESASNE AREA MANAGEMENT BOARD

## LOCAL PROJECTS PROGRAM ADVANCE PAYMENT CLAIM FORM



FILE NUMBER:	SOURCE DOC.
PERIOD CLAIMED:	SOURCE DOC.
TO:	

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

COL 1 WAGE COST OCCUPATION	COL 2 HOURS CLAIMED PER PARTICIPANT	COL 3 AAMB HOURLY RATE	COL 4 TOTAL CLAIMED		ACCUMULATED TO DATE A.A.M.B. USE
TOTAL WAGE COST:				5220	
MANDATORY EMPLOYMENT RELATED COST:				5223	
OVERHEAD COSTS (PLEASE ATTACH COPIES OF RECEIPTS):				5224	
TRAINING COSTS	EXCLUDING COURSE FEES:			5228	
	PUBLIC INSTITUTIONS FEES:			5283	
	NON-PUBLIC INSTITUTIONS FEES:			5254	
SPECIAL COSTS:	EQUIPMENT PURCHASE:			5255	
	EQUIPMENT LEASING:			5255	
	COSTS FOR THE DISABLED:			5252	
	AUDIT:			5272	
CAPITAL COSTS:				5242	
<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]

### A.A.M.B. / OFFICIAL USE:

TYPE	AMOUNT	CR	CHEQUE INFORMATION	DATA ENTERED

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

\_\_\_\_\_ A.A.M.B. SIGNATORY \_\_\_\_\_ DATE

#### OFFICIAL USE ONLY:

ORG TYPE:	PROJECT OFFICER:	NOC CODE:	S.I.C. CODE:	ACTIVITY CODE:	
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## 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.