

# AKWESASNE AREA MANAGEMENT BOARD PURCHASE OF TRAINING ADVANCE - PAYMENT CLAIM



FILE NUMBER: _____	SOURCE DOC.
CLAIM NUMBER: _____	SOURCE DOC.
PERIOD OF CLAIM: _____ TO _____	SOURCE DOC.

1. NAME OF INSTITUTION: _____			
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	A.A.M.B. USE <u>PLEASE INDICATE</u> 5283 / 5254	ACCUMULATED TO DATE A.A.M.B. 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]

### 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:	

## AGREEMENT ACTIVITIES REPORT

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

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