

**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 PLEASE INDICATE 5283 / 5254	ACCUMULATED TO DATE A.A.M.B. USE
8. CURRICULUM DEVELOPMENT:			
9. INSTRUCTIONAL COST:			
10. MATERIALS & SUPPLIES:			
11. FACILITY RENTALS:			
12. EQUIPMENT RENTALS:			
13. ON SITE COORDINATION:		5283 / 5254	
14. AUDIT FEES:		5272	
TOTAL:			

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

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