



PAYMENT CLAIM

FILE NUMBER: _____

PERIOD COVERED BY THIS CLAIM: _____ DD/MM/YY **TO** _____ DD/MM/YY

IS THIS YOUR FINAL CLAIM? YES NO

IS THE ADDRESS SHOWN BELOW DIFFERENT FROM THAT LAST REPORTED BY YOU? YES NO

NAME OF EMPLOYER:		
MAILING ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:

PARTICIPANT WAGES	CLAIM AMOUNT
_____ HOURS X \$ _____ /HOUR X _____ % <small>TOTAL HOURS WORKED WAGE RATE PER HOUR PERCENTAGE AS PER CONTRACT</small>	
Other: _____	
TOTAL:	

EMPLOYER NOTICE: PAYROLL RECORDS FOR THE CLAIM PERIOD WHICH OUTLINES THE WAGE RATE PER HOUR, HOURS PER WEEK WORKED AND DEDUCTIONS (EI, CPP, ETC.) MUST BE ATTACHED TO THIS CLAIM FORM IN ORDER TO BE REIMBURSED.

PLEASE PROVIDE A GENERAL STATEMENT OF THE ACTIVITIES UNDERTAKEN AND/OR THE TRAINING PROVIDED TO THE PARTICIPANT SINCE THE PROJECT STARTED OR SINCE YOUR LAST REPORT:

EMPLOYER: I/WE CERTIFY THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND CLAIMED IN ACCORDANCE WITH THE AGREEMENT.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Head Office:
Shawanaga First Nation
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