**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, Sioux Lookout, Ontario P8T 1A1, Tel 807-737-4047, Toll free 1-800-563-2183**

INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM

MONTHLY PAYMENT CLAIM

 PROJECT START DATE: PROJECT END DATE:

|  |  |
| --- | --- |
| Name of Employer:  | File Number: |
| Mailing Address: | Period Covered by this claim:From:  |
| City/Town: | Province:Ontario | Postal Code: | Is this your Final Claim? YES: [ ]  NO: [ ]  |
| Name of Contact Person: | Tel #: |
| Wage CostsOccupationCol. 1 - Fill out columns 1 – 7 | No. ofStaffCol.2 | HoursClaimedCol.3 | Hourly RateApprovedCol.4 | TotalWagesCol. 5 | Vacation Pay4% of Col.5Col. 6 | Claimed for this period (nearest dollar)Col.7 (Col. 5+6) | SLAAMBOffice Use OnlyCol. 8 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| SUBTOTAL |  |  |
| Mandatory Employment Related Costs (EI/CPP Employer share) %  |  |  |
| Overhead Costs |  |  |
| Training Costs |  |  |
| Special Costs: ie Child Care |  |  |
| TOTAL |  |  |
| Employer Certification: I certify the information is true and correct to the best of my knowledge and claimed in accordance with the agreement. |
| SIGNATURE: | PRINT NAME: | DATE: |
| **PLEASE ENSURE THAT AN ACTIVITY REPORT & TIME SHEET(S) IS INCLUDED WITH THIS MONTHLY PAYMENT CLAIM** |
| SLAAMB OFFICE USE |
| Information: |
| Certified to be in accordance with the terms and conditions of the agreement.Project Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Finance Clerk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Amount of Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorized\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Coordinator Initials | Payment Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Finance Officer Date Cheque No. | Date Captured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |