**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**

**Harvester’s Grant/Food Sharing Projects – 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 | | | | | Is this your Final Claim?  YES:  NO: | | | |
| Name of Contact Person: | | | | | | | Tel #: | | | | |
| Wage Costs  Occupation  Col. 1 - Fill out columns 1 – 7 | | No. of  Staff  Col.2 | | Hours  Claimed  Col.3 | | Hourly Rate  Approved  Col.4 | | Total  Wages  Col. 5 | | Vacation Pay  4% of Col.5  Col. 6 | Claimed for this period (nearest dollar)  Col.7 (Col. 5+6) | | | | SLAAMB  Office Use Only  Col. 8 |
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| SUBTOTAL | | | | | | | | | | |  | | | |  |
| Mandatory Employment Related Costs (EI/CPP Employer share) % | | | | | | | | | | |  | | | |  |
| Purchases with Receipts | | | | | | | | | | |  | | | |  |
| Training Costs (Trainer and Trainee’s Allowances) | | | | | | | | | | |  | | | |  |
| Other Costs: (Ie Elders, Travel, etc) | | | | | | | | | | |  | | | |  |
| TOTAL | | | | | | | | | | |  | | | |  |
| Number of Events: Ie – 2 hunts, 1 fishing  Number of Clients Served: Elders: Children: Other: | | | | | | | | | | | | | | | |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Executive Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Amount of Payment  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Receipts Attached  YES NO | Payment Issued  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Finance Officer Date Cheque No. | | | | | | | | | | | | Date Captured  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |