

Project No.

Payment Claim or Advance and Activity Report
for Agreements signed after December 31, 2005

Part 1: Claim Information All non-shaded areas to be completed by the Sponsor Official Use Only

Name of Sponsor				Receipt date (Y/M/D)	
Business # (if applicable):		Period covered by this claim			
		from:		to:	
Has your address changed since your submission to MTCU for this project?		Is this a final claim for this project?		Costing method agreed upon:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> departmental flat percentage rate <input type="checkbox"/> reimbursement of actual costs	
				<input type="checkbox"/> organization specific flat percentage rate	
The following is to be completed only if changed from last submission:					
Current Mailing Address			City/Town		
Province		Postal Code	Area Code/Telephone No.		Area Code/Fax No.
E-Mail Address			GST/HST Amount		GST/HST% claimed from MTCU
CLAIM				OFFICIAL USE ONLY	
1. PROJECT COSTS		Claimed from MTCU for this period(to nearest dollar)	Contributions from other sources	Total Project Cost for this claim period	Amounts Eligible this Claim
A. Activity related direct project costs					
Staff wages					
Professional fees					
Travel					
Capital assets					
Audit costs (departmentally mandated)					
Other activity related direct project costs					
Sub-total 1.A.					
B. Participant related direct project costs					
Participant wages					
Participant tuition costs					
Other participant related project costs					
Sub-total 1.B.					
C. Other direct project costs					
Other direct project costs					
Sub-total 1.C.					
2. ORGANIZATIONAL INFRASTRUCTURE COSTS					
Organizational infrastructure costs					
Sub-total 2.					
3. Revenue generated by project activities (if applicable)					
4. Total Project Costs (1.A + 1.B + 1.C + 2 - 3 = 4)					
Total claimed to date from MTCU since the beginning of this project, including the current claim \$					

Part 2: Agreement Activity Report

Please provide a summary of the activities that have taken place since your last report. The report should reference activities as per Schedule A of the Agreement and include milestones met, changes in staff or participants or any issues that might necessitate amendments.

Notice of Collection of Personal Information

As of January 1, 2007, the Government of Ontario ("Ontario") will deliver the Employment Benefits and Support Measures currently being delivered by the Government of Canada ("Canada") pursuant to Part II of the *Employment Insurance Act*.

Your personal information, including your Social Insurance Number, provided on this form and in all other communications related to the Ontario employment benefits and support measures program (the "Program") will be used to administer and finance the Program in accordance with the Labour Market Development Agreement between Canada and Ontario, the *Employment Insurance Act*, S.C. 1996, c.23, as amended, and the *Financial Administration Act*, R.S.O. 1990, c. F.12, as amended. Ontario will collect relevant personal information directly from you and indirectly from Canada for these purposes. Depending on the type of benefit or support you seek, third parties may also be involved in the administration of the Program, including third party service providers, your employer, your training institution and contractors and auditors retained by Ontario. Ontario may collect relevant personal information indirectly from these third parties. You may be contacted to participate in surveys related to the Program. For more information about the collection and use of your personal information in the administration and financing of the Program you can visit the Employment Ontario website at: <http://www.ontario.ca/employmentontario> or contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Training, Colleges and Universities, 5775 Yonge St., 14th Floor, Toronto, Ontario, M7A 2H2, or by phone at 1 800 387-5656.

I (we) certify that the information is true and correct to the best of my/our knowledge and claimed in accordance with the agreement.			
<div></div> <div>Signature</div>		<div></div> <div>Date (Y-M-D)</div>	
<div></div> <div>Print Name and Position</div>		<div></div> <div>Area Code/Telephone No. (for enquiries)</div>	
Additional signature when required:		Y M D	
<div></div> <div>Signature</div>		<div></div> <div>Date (Y-M-D)</div>	
<div></div> <div>Print Name and Position</div>		<div></div> <div>Area Code/Telephone No. (for enquiries)</div>	

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Part 3: Official Use Only

Advance or Progress Payment	Amount	CR/DR	Line Object
1. (+Claim)			
2. (- Outstanding previous advance)			7661
3. (+ Advance requested for the next period)			7661
4. (Cheque / Payment Total)			
5. (Agreement Balance = agreement amount - total claimed to date (including this claim))			

Vendor	Payment type: (check one) <input type="checkbox"/> Regular cheque issue <input type="checkbox"/> Schedule cheque issue <input type="checkbox"/> SPS <input type="checkbox"/> JV <input type="checkbox"/> Departmental Bank Account
Doc	RC

Type 4

Financial Code					Current Year Amount	CR / DR	CMS CNE Type	Supplementary
Allot.	Resp. Centre	Activity	Project	Line Object				
TOTAL ►								

Cheque Stub Information	Due Date Y M D
	FINAL PAYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO

Expenditure Verification Signature Date Y M D	Certified	The Pre-Audit has been performed and is accurate. Signature Date Y M D
	Authorized Officer Signature	
	Date Y M D	
	Name (Print)	
	Position Title	

Pre-Audit Performed By: Initials: Date Y M D	Data Captured Initials Date Y M D	System Approval Initials Date Y M D
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