

SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD

P.O. BOX 56, SIOUX LOOKOUT, ONTARIO P8T 1A1
 TEL (807)737-4047, FAX (807)737-4048,(807)737-2874 TOLL FREE 1-800-563-2183

Advance or Payment Claim START: END:

Name of Employer/Sponsor		File Number _____				
Mailing Address		Period Covered by this claim From ___/___/___ To ___/___/___ dd/mm/yy				
City/Town	Province	Postal Code			Is this your Final Claim? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Contact Person		Telephone Number with Area Code				
Wage Costs Staff Col. 1	No. of Staff Col.2	Hours Claimed Col.3	Hourly Rate Approved Col.4	Claimed for this period (To nearest dollar) Col.5(Col.3X4)	Col.6	Office Use
Occupation						
SUBTOTAL						
Mandatory Employment Related Costs						
Overhead Costs						
Training Costs						
Special Costs						
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	
INFORMATION					Official Use	
					Funding Source	\$ Amount
Certified to be in accordance with the terms and conditions of the agreement					Amount of Payment \$ _____	
Project Officer _____		Date _____				
Finance Clerk _____		Date _____				
<u>Authorized</u>	<u>Payment Issued</u>					
_____	_____		_____		_____	
Initials	Finance Officer	Date	Cheque No.	Date Captured		

Please ensure that an activity report is included with this claim form