



1. Sponsor Name: _____ 2. File/Contract #: _____
3. Program Option: _____ 4. Claim #: _____ 5. Final Claim: Yes No
6. Activity Report Attached: Yes No Explain: _____
7. Period of Claim: from _____ to _____

COMPLETION INSTRUCTIONS

Refer to Schedule A of your contract when completing this form.

1. Sponsor Name as indicated on Schedule A
2. File/Contract # as indicated on Schedule A
3. Program Option as indicated on Schedule A
4. Claim # - please indicate first, second, third, etc., or final claim
5. Check "No" unless this is the last claim against the contract
6. Activity Report Attached – check appropriate box, if "No" please explain
7. Period of Claim – the duration of time for the claimed expenses
8. Supporting documents may be requested

8. Claim Amount as per above dates

TRAINEES		
3576	Wages	
3601	MERC	
3951	Travel	
50250051	Daycare	
3651	Living Expenses	
3901	Supplies	
4151	Tuition	
TRAINING COSTS		
3576	Wages	
3641	MERC	
3376	Professional Fees	
4001	Travel	
4026	Accommodation	
3401	Meals	
3051	Private Course Cost	
3151	Public Course Cost	
4601	Prerequisite Course Cost – Functional	
4651	Prerequisite Course Cost – Medical	
4701	Prerequisite Course Cost – Other	
PROJECT MANAGEMENT		
3526	Wages	
3551	MERC	
3951	Travel	
3251	Equipment Rental	
3351	Administration	
3701	Rent	
3801	Supplies (items under \$250.00)	
3826	Capital Purchase (items over \$250.00)	
CHILDCARE		
50250051	Band Seat Purchase	
50250101	Daycare Renovations	
Total Claimed		

I certify that expenses are accurate and are claimed in accordance with the terms on the contract:

Signature (authorized signer only)

Print Name

Position / Title

Date

For Office Use Only: Signature verified _____ (CCATEC Rep)

Note: Claim will not be processed if incomplete.