



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 \_\_\_\_\_

8. Claim Amount as per above dates

TRAINEES		
5505	Wages	
5510	MERC	
5515	Travel	
5520	Daycare	
5525	Living Expenses	
5530	Supplies	
5535	Tuition	
TRAINING COSTS		
5555	Wages	
5560	MERC	
5565	Professional Fees	
5570	Travel	
5575	Accommodation	
5580	Meals	
5585	Private Course Cost	
5590	Public Course Cost	
5595	Prerequisite Course Cost – Functional	
5600	Prerequisite Course Cost – Medical	
5605	Prerequisite Course Cost – Other	
PROJECT MANAGEMENT		
5615	Wages	
5620	MERC	
5625	Travel	
5630	Equipment Rental	
5635	Administration	
5640	Rent	
5645	Supplies (items under \$250.00)	
5650	Capital Purchase (items over \$250.00)	
CHILD CARE		
5660	Band Seat Purchase	
5665	Daycare Renovations	
<b>Total Claimed</b>		

**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

*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.