

OKANAGAN TRAINING AND DEVELOPMENT COUNCIL (OTDC)

CLAIM ☐ or ADVANCE ☐ FORM

<input type="checkbox"/> Course/Seat Purchase <input type="checkbox"/> Job Development – Individual <input type="checkbox"/> Youth/Student Development <input type="checkbox"/> Job Development – Project <input type="checkbox"/> Workplace Training <input type="checkbox"/> Employment Assistance <input type="checkbox"/> Client Supports <input type="checkbox"/> <input type="checkbox"/> HRIF(EI) Program Name: _____	CLAIM / ADVANCE INFO FILE NUMBER: _____ <table style="width: 100%;"> <tr> <td style="text-align: center;">CLAIM PERIOD</td> <td style="text-align: center;">CLAIM NO.</td> </tr> <tr> <td>FROM: _____ TO: _____</td> <td>_____</td> </tr> </table>	CLAIM PERIOD	CLAIM NO.	FROM: _____ TO: _____	_____
CLAIM PERIOD	CLAIM NO.				
FROM: _____ TO: _____	_____				

IDENTIFICATION		FINAL <input type="checkbox"/>	
NAME OF EMPLOYER/COORDINATOR/GROUP/CLIENT: _____		LEGAL NAME: (IF DIFFERENT) _____	
MAILING ADDRESS: _____		CITY/TOWN: _____	PROVINCE: BC POSTAL CODE: _____
TELEPHONE NO: _____	FAX OR CELL NO: _____	NAME OF CONTACT PERSON: _____	TEL: (IF DIFFERENT) _____

CLAIM					
WAGE COSTS					
OCCUPATION	NO. OF PARTICIPANTS	NO. OF WEEKS MONTHS	TOTAL HOURS	OTDC SUBSIDY	CLAIMED
MERC % (Mandatory Benefits - EI, CPP, Vac Pay, WCB or Equivalent) ➤					
Total ➤					

OFFICIAL USE Cumulative to Date	
CRF	HRIF (EI)

PARTICIPANT ALLOWANCES (Summary)				LIST ON BACK	
COURSE NAME	NO. OF PARTICIPANTS	NO. OF WEEKS MONTHS	ALLOWANCE RATE		CLAIMED
Total ➤					

OTHER COSTS				CLAIMED
OVERHEAD COSTS				Total ➤
SPECIAL COSTS				Total ➤
TRAINING COSTS				Total ➤
TOTAL CLAIMED ➤				

CRF	HRIF(EI)

CERTIFICATION	I/WE CERTIFY THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND CLAIMED IN ACCORDANCE WITH THE AGREEMENT
----------------------	---

SIGNATURES			
NAME (PLEASE PRINT)	POSITION	SIGNATURE	DATE

OFFICIAL USE		ADVANCE Only – Dates Covered ➤		From: _____	To: _____			
TOTAL CONTRACTED BUDGET A	HOLD-BACK 10% B	CLAIMED THIS PERIOD C	YTD CLAIMED D	YTD PAYMENTS E	ADJUST-MENT (D – E) F	PROJECTED COSTS NEXT PERIOD G	DUE TO RECIPIENT (D - E +G) H	BALANCE (E + H)
CRF								
HRIF(EI)								

Cheque Total ➤

OTDC		CHEQUE NO.	DATE
NAME (PLEASE PRINT)	SIGNATURE		
KAREN ABRAMSEN AND/OR DEBBIE CONLIN			

OTDC AGREEMENT ACTIVITIES REPORT

Claim/Advance Information

FILE NUMBER

PART I – ARMS Information and Claim Information

General Information		Completion Status <input checked="" type="checkbox"/>				Outcome <input checked="" type="checkbox"/>							
Participant(s) Information Add Additional Names (if any) on Separate Activities Report(s) DO NOT USE SIN NUMBER		Start Date D/M/YR	End Date D/M/YR	Complete	Incomplete	Employed (1)				Un- employed	Return To School (2)	Self- Employed	Un- known
Name	ID Number					FT	PT	C	S				
Totals													

(1) FT = (Fulltime 30-hours plus): PT = (Part-time/Casual up to 30-hours):
 C = (Contract with start/end date): S = (Seasonal work done at specific time of year or industry-based)
 (2) Returned to school: attending more than 10-hours per week

Part II – Narrative

Describe activities made during the period covered by this claim in relation to the training and other activities in the Schedule of the Agreement

*** USE/IMPORT ARMS NOTES***

Attach a copy of certificates and other relevant documents