



Labour and Advanced Education
Travail et Éducation postsecondaire

Project No:

Payment Claim or Advance and Activity Report

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

Name of Sponsor		Receipt date (Y/M/D)	
Business # (if applicable)		Period covered by this claim Y/M/D Y/M/D from to	
Has your address changed since your submission to the department for this project?	Is this a final claim for this project?	Costing method agreed upon:	
Yes	Yes	Departmental flat percentage rate	
No	No	Organization specific flat percentage rate	
Reimbursement of actual costs			
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
CLAIM	Claimed from LWD ENS for this period (to the nearest dollar)	OFFICIAL USE ONLY	
1. PROJECT COSTS		Amounts Eligible This Claim	Amounts Allowed to Date Under the Agreement
A. Activity related direct projects 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 projects costs			
Participant wages			
Participant tuition costs			
Other participant related project costs			
Sub-total 1.B			
C. Other direct project costs			
Other direct projects costs			
Sub-total 1.C			
2. ORGANIZATIONAL INFRASTRUCTURE COSTS			
Organizational Infrastructure Costs			
Sub-total 2			
3. REVENUE GENERATED BY PROJECT ACTIVITIES (if applicable)			
Revenue generated by project activities			
4.TOTAL PROJECT COSTS (1.a + 1.b + 1.c + 2 + 3 + 4)			
Total project costs for this claim period			

Total claimed to date from LWD ENS since the beginning of this project, including the current claim: \$		
Funds from other sources	Total funds from other sources for this period	Total funds from other sources to date
Cash		
In-Kind		

Project No:

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.

Information on this form is collected under the authority of the Labour Market Development Agreement, and the Nova Scotia Freedom of Information & Protection of Privacy Act and is to be used for the administration of the employment benefit or support measure to which you have applied. The personal information collected will only be used and disclosed in keeping with the access and privacy provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act.

I/We certify that the information is true and correct to the best of my/our knowledge and claimed in accordance with the agreement.

Signature	Date (Y/M/D)
Print Name and Position	Area Code/ Telephone Number
Signature	Date (Y/M/D)
Print Name and Position	Area Code/ Telephone Number

Project No:

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 total 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		Activity	Project	Line Object	Current Year Amount	CR/DR	CMS CNE Type	Supplementary
Allot	RC							

Cheque Stub Information		Due date Y/M/D
		Final Payment
		Yes
		No
Expenditure Verification Signature	Authorized Officer Signature	The Pre-Audit has been performed and is accurate. Signature
_____	_____	_____
Date Y/M/D	Date Y/M/D	Date Y/M/D
Name and Title (Print)	Name and Title (Print)	Name and Title (Print)

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