



**DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD  
EMPLOYMENT PLACEMENT INITIATIVES PROGRAM - TRAINING SUBSIDY INVOICE**

**Training Subsidy Invoice  
(to be submitted by Employer every 2 weeks)**

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **S.I.N.:** \_\_\_\_\_

For the Pay Period Covering:  
\_\_\_\_\_  
TO  
\_\_\_\_\_

<b><u>FEE CALCULATION</u></b>	
A. Hourly rate of pay:	_____
B. Hours worked:	_____
C. Hours subsidized (per contract):	_____
D. Training subsidy:	_____
<b>E. Amount claimed:</b>	_____

**I affirm that the training plan has been fulfilled for period the period noted above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Send invoice with payroll record to:*

**The District of Timiskaming Social Services  
Administration Board**  
PO Box 310  
Kirkland Lake ON P2N 3H7  
Phone: (705) 567-9366 Fax: (705) 567-9492  
**Attention: Ontario Works Manager**

For Office Use by DTSSAB Verified By:	Date:
Payment Approved By:	Date:

PO Box 6006  
290 Armstrong Street  
New Liskeard ON  
P0J 1P0

Phone: (705) 647-7447  
(800) 627-2944  
Fax: (705) 647-5267

PO Box 310  
29 Duncan Avenue North  
Kirkland Lake ON  
P2N 3H7

Phone: (705) 567-9366  
(888) 544-5555  
Fax: (705) 567-9492