



WTF INVOICE FORM (For Use By Employers)

**For the reimbursement of pay – that has been paid directly to Employees
 for tests conducted on MCAO’s Standard Provincial 6010/7018 Carbon Steel Welding
 Procedure (MCAO F3F4-07)**

NAME OF EMPLOYER: _____

COMPANY ADDRESS: _____
(Suite/Unit #) (Full Street Address)

(City/Town) (Province) (Postal Code)

DATE OF THIS INVOICE: _____ **EMPLOYER’S INVOICE #:** _____
(if applicable)

Employed Welder(s) – that recently successfully completed tests to the MCAO F3F4-07 Standard Provincial Welding Procedure; and were paid by us (at the regular “total package” rate of pay) to do so:

Name of Welder That Successfully Completed The Test	TSSA Welder I./D./Ticket (copy attached)	Date Of Test	Time/Number Of Hours To Complete The Test

Total Number of Hours: _____

**Pay - owing to us in relation to this/
 these Employed Welder Test(s):** _____ X \$ _____ = \$ _____
(Total number of hours) (Total Package paid per hour)

Unemployed Welder(s) – that were recently hired by us and were paid \$160.00 by us (upon being hired, in accordance with Article 21.4(c) of the ICI agreement) for successfully completing the MCAO Standard Provincial 6010/7018 Carbon Steel Welding Procedure (MCAO F3F4-07) while unemployed. **A copy of the “Test Verification Form” and TSSA Welder I.D. Card “Ticket” for each welder(s) is/are hereto attached, as required.**

**Pay - owing to us in relation to this/
 these Unemployed Welder Test(s):** _____ X \$160.00 = \$ _____
(Total number of Tests)

TOTAL PAY OWING (this Invoice): \$ _____

NOTE: Following completion of this Invoice Form, please forward it by email or mail to MCA Ontario, along with the completed/required TSSA Welder I.D. Card (“ticket”) - and “Test Verification Forms”(where applicable).