



WTF INVOICE FORM (For Use By Employers)

This form is used for the reimbursement of wages paid directly to Employees for the successful completion of the zone-specified **MCA Ontario Standard Provincial Welding Procedure test**.

The selected procedure will remain the standard for that zone for a minimum of one (1) full year.
Each welder is eligible for reimbursement for only one (1) welding test per year under this program.

COMPANY ADDRESS:

(City/Town)

(Province)

(Postal Code)

(email)

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

☐ **Employed Welder(s)** (That recently successfully completed tests to the MCAO Standard Provincial Welding Procedure; and were paid by us (at the regular "total package" rate of pay)

Name of Welder	TSSA Welder I.D./Ticket	Date of Test	Test location (in house or UA)	Welding Procedure used	Time to complete Test (max. 4 hours)

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

☐ **Unemployed Welder(s)** (That were recently hired by us and paid \$200.00 upon being hired, in accordance with Article 21.4(c) of the ICI Agreement, for successfully completing the MCAO Standard Provincial Welding Procedure while unemployed.) Attach "Test Verification Form" and copy of TSSA Welder I.D. Card ("ticket") for each welder.

Pay - owing to us in relation to this/these Unemployed Welder Test(s): _____ X \$ 200.00 = \$ _____
(Total number of tests)

TOTAL PAY OWING (this Invoice): \$ _____

SUBMISSION INSTRUCTIONS: Please email this completed invoice form to pat@mcao.org along with a copy of the **TSSA Welder I.D. Card ("ticket")**, and the **Test Verification Form(s)** (where applicable)