



### WTF INVOICE FORM (For Use By Test Facility)

This form is used for the reimbursement of Test Facilities and Materials Fees in relation to successful tests conducted on the zone-specific **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.

**NAME OF TEST FACILITY:** \_\_\_\_\_

**TEST FACILITY ADDRESS:** \_\_\_\_\_

(City/Town)

(Province)

(Postal Code)

(email)

**DATE OF THIS INVOICE:** \_\_\_\_\_ **FACILITY INVOICE #:** \_\_\_\_\_  
(if applicable)

Name of Welder	TSSA Welder I.D./Ticket	Date of Test	Welding Procedure used

**TEST FACILITIES AND MATERIALS FEES OWING** (per Article 21.4(d) of the ICI Agreement):

\_\_\_\_\_ X \$200.00 = \$ \_\_\_\_\_  
(Total Number of Tests Conducted)  
+ \_\_\_\_\_ (G.S.T.)  
**Total Owing:** \$ \_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
(Name of Test Facility Official)

**SUBMISSION INSTRUCTIONS:** This Invoice Form is to be fully completed by the Test Official, please email this completed invoice form to [pat@mcao.org](mailto:pat@mcao.org) along with a copy of the **TSSA Welder I.D. Card ("ticket")** for each test performed.