

## **WORKING AT HEIGHTS**

**REIMBURSEMENT FORM** *"COMMUNICATIONS"* 

Date:			
Company Name:			
<b>Company Address:</b>			
Company Contact	E	mail:	Phone:
Training Provider:			

Classifications are as follows\*: Network Cabling Specialist (NCS): Senior NCS Journeyperson Junior NCS Journeyperson 2<sup>nd</sup> Term Apprentice NCS 1<sup>st</sup> Term Apprentice NCS Communication Cable Installer

Name	Training	Training Type		Classification*	ECA USE ONLY
	Date	New	Recertify	(At the time of training)	
			SUB-TOTAL WAGES:		
NOTE:				TRAINING COST:	
Ottawa ECA will require a copy of the		HST:			
training certificate for each individual.				TOTAL:	

## YOUR PREFERED REIMBURSEMENT METHOD:

- CHEQUE
- etransfer
  - (eTransfer Information):\_\_\_\_\_