

WORKING AT HEIGHTS

REIMBURSEMENT FORM

"TERAFLEX"

Date: _____
 Company Name: _____
 Company Address: _____
 Company Contact: _____ Email: _____ Phone: _____
 Training Provider: _____

Classifications are as follows*:

- Groundman Driver
- Class 1 Utilityman
- Class 2 Utilityman
- Groundman Equipment Operator
- Foreman

Name	Training Date	Training Type		Classification*	ECA USE ONLY
		New	Recertify	(At the time of training)	
SUB-TOTAL WAGES:					
TRAINING COST:					
HST:					
TOTAL:					

NOTE:
 Ottawa ECA will require a copy of the training certificate for each individual.

YOUR PREFERRED REIMBURSEMENT METHOD:

CHEQUE
 eTRANSFER
 (eTransfer Information): _____