



MECHANICAL
CONTRACTORS
ASSOCIATION
ONTARIO

WTF INVOICE FORM (For Use By Test Facility)

For the reimbursement of Test Facilities and Materials Fees owing in relation to tests conducted on MCA Ontario's Standard Provincial **6010/7018 Carbon Steel** Welding Procedure (MCAO F3F4-07)

NAME OF TEST FACILITY: _____

TEST FACILITY ADDRESS: _____

(Suite/Unit #) (Full Street Address)

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

DATE OF THIS INVOICE: _____ FACILITY INVOICE #: _____

(if applicable)

Name of Welder that Successfully Completed the Test	TSSA Welder I. D./Ticket # (copy attached)	Date of Test

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

_____ X \$100.00 = \$ _____
(Total Number of Tests Conducted) + _____ (G.S.T.)

Total Owing: \$ _____

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

NOTE: This Invoice Form is to be fully completed by the Test Official, and forwarded - along with a copy of the completed* respective TSSA Welder I.D. Card ("ticket") for each test performed - directly to MCA Ontario by fax (905-856-0385), or by mail.