



MECHANICAL
CONTRACTORS
ASSOCIATION
ONTARIO

WTF INVOICE FORM (For Use By Employers)

For the reimbursement of pay – that has been paid directly to Employees
for tests conducted on MCAO’s Standard Provincial **6010/7018 Carbon Steel** Welding
Procedure (MCAO F3F4-07)

NAME OF EMPLOYER: _____

COMPANY ADDRESS: _____

(Suite/Unit #) (Full Street Address)

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

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

Employed Welder(s) – that recently successfully completed tests to the MCAO F3F4-07 Standard Provincial Welding Procedure; and were paid by us (at the regular “total package” rate of pay) to do so:

Name of Welder That Successfully Completed The Test	TSSA Welder I./D./Ticket (copy attached)	Date Of Test	Time/Number Of Hours To Complete The Test

Total Number of Hours: _____

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

Unemployed Welder(s) – that were recently hired by us and were paid \$160.00 by us (upon being hired, in accordance with Article 21.4(c) of the ICI agreement) for successfully completing the MCAO Standard Provincial 6010/7018 Carbon Steel Welding Procedure (MCAO F3F4-07) while unemployed. A copy of the “Test Verification Form” **and** TSSA Welder I.D. Card “Ticket” for each welder(s) is/are hereto attached, as required.

Pay - owing to us in relation to this/
these **Unemployed** Welder Test(s): _____ X \$160.00 = \$ _____
(Total number of Tests)

TOTAL PAY OWING (this Invoice): \$ _____

NOTE: Following completion of this Invoice Form, please forward it by fax (905-856-0385) or mail to MCA Ontario, along with the completed*/required TSSA Welder I.D. Card (“ticket”) - and “Test Verification Forms”(where applicable).

* please see the following page

“TEST VERIFICATION FORM”

To be given to Unemployed Welders – that successfully complete a test on MCAO’s Standard Provincial 6010/7018 Carbon Steel Welding Procedure (MCAO F3F4-07)

The undersigned hereby verifies that _____ successfully
(Name of Welder)
completed a qualification test on the MCA Ontario Standard Provincial 6010/7018 Carbon Steel Welding Procedure (MCAO F3F4-07) (while unemployed); and in accordance with Article 21.4(c) of the MCAO/OPTC ICI Provincial Collective Agreement, is eligible for the receipt of \$160.00 in pay (in relation to this test) by the first Employer to employ him/her.

Signed: _____ Date: _____
(UA Local Business Manager/Agent)

Note: Employee is to **present this original/signed form to the first Employer to hire him/her.** A copy of this form is to be kept on record by the Testing Facility.