



**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 attached