



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 \$125.00 = \$ _____
(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.

* please see attached