



# NATIONAL ON-THE-JOB TRAINING PROGRAMME

CLAIM NO.: \_\_\_\_\_

## EMPLOYER REIMBURSEMENT CLAIM

**(PRIVATE SECTOR / STATE ENTERPRISES)**

Corner Agra & Patna Streets, St. James  
 Republic of Trinidad & Trinidad  
 Tel: (868) 622-0165, (868) 622-9922  
 Fax: (868) 622-3775

NAME OF ORGANIZATION \_\_\_\_\_

LOCATION/ADDRESS \_\_\_\_\_

FOR THE PERIOD: FROM (DD) \_\_\_\_ (MM) \_\_\_\_ (YR) \_\_\_\_ TO: (DD) \_\_\_\_ (MM) \_\_\_\_ (YR) \_\_\_\_

NO.	TRAINEE REG. #	NAME OF TRAINEE	OCCUPATIONAL AREA	HOURS TRAINED	RATE	GROSS STIPEND (HOURS x RATE)	STATUTORY DEDUCTIONS (NIS; HS)	NET AMOUNT PAYABLE	TRAINEE SIGNATURE
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

TOTAL STIPEND PAID: \$.....TOTAL AMOUNT OF CLAIM (REIMBURSEMENT OF 50% OF MINIMUM RATE, I.E. \$4.50 PER HOUR PER TRAINEE) : \$.....

SIGNATURE/STAMP OF CLAIMANT (Firm) ..... POSITION: ..... DATE (DD): ..... (MM) ..... (YR) .....

CERTIFIED CORRECT: ..... DATE (DD/MM/YR): ..... VERIFIED BY..... DATE.....

FIELD PLACEMENT OFFICER

PROGRAMME COORDINATOR