



Finance. Innovation. Success.

# EODP Forecasted Claim Form

Program:

Business Type:

Date:

Name of Organization:

Prepared by:

Project Name:

Project No.:

Claim Period: To:

## All Programs – Eligible Costs Incurred and Paid (excl. HST and Payroll below, if applicable)

Date of Invoice	Name of Supplier	Description of Item or Service	Invoice Number	Cost (\$)	Cheque #	Document Attached?

**Subtotal Program Costs:**

## Payroll – To Be Completed for all Wages to be Claimed

Check if vacation will be paid out each pay period

Employee Name	Pay Period	Total Hrs.	\$/hr	Total Wage Cost	Vacation Paid	Gross Paid	EI Employer Share	CPP Employer Share	EHT	WSIB	Other	Total

Other (Please Specify):

**Subtotal Payroll Costs:**

**Total Program + Payroll Costs:**

**Total EODP Contribution (50%):**



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**Summary Report**

Please provide a final summary of your project. Describe the impact your project had on employment, competitiveness, and efficiency, including positive impacts on the local and regional economy.

**This Forecasted Final Claim form must be submitted electronically.**

Name of Authorized Official of Recipient

Title

Signature

Date