COMMISSION DE LA CONSTRUCTION DU QUÉBEC

REQUEST FOR REIMBURSEMENT TRAINING COST

WORKER

1. IDENTIFICATION OF WORKER

CCQ client no.		Trade or occupation	
Last name		First name	
No.	Street		Apartment no.
City		Province	Postal code
Main phone number		Other phone no.	
E-mail			

2. INFORMATION ON THE TRAINING COURSE

IMPORTANT : A detailed analysis must be made to determine whether a training course is eligible for reimbursement. If the course for which you are requesting a reimbursement has never been analyzed by the Commission de la Construction du Québec (CCQ), you may be asked to supply the training specifications, the course plan, and information on the trainer.

Title of the training course		Duration of training (# hours)
Name of organization supplying the training	Phone number	Web site
Site of training course		
No. / Street		Apartment no.
City	Province	Postal code

3. TRAINING SCHEDULE

Requests for reimbursement must be submitted within 90 days after the training course ends. Requests not received before this deadline will automatically be rejected.

Start date for training (YYYY-MM-DD)	End date for training (YYYY-MM-DD)

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Begins	Hour/minute	Hour/minute	Hour/minute	Hour/minute	Hour/minute	Hour/minute	Hour/minute
Ends	Hour/minute	Hour/minute	Hour/minute	Hour/minute	Hour/minute	Hour/minute	Hour/minute

This document is available in adapted media upon request.

4. CLAIM FOR COSTS

Please attach to your request all **supporting documentation** (e.g., invoice) needed for reimbursement of your training costs. Your reimbursement request will be rejected if we do not have all supporting documentation in hand within 30 days following receipt of your request.

If you are eligible, incentives (travel and lodging costs) will be calculated according to the terms in effect when your request is received. No invoice is needed for reimbursement of incentives.

Total of training costs claimed

Other costs (description)

5. AUTHORIZATION OF CLAIMANT

I attest that the information supplied in this request for reimbursement is accurate. I authorize the CCQ to make verifications and obtain the documents necessary to analyze this request for reimbursement from the training supplier specified in section 2.

Signature of claimant (obligatory)

Date (YYYY-MM-DD)

Please return this form with documentation, if applicable, to the address below:

- By e-mail: remboursement.formation@ccq.org

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