# CONFIRMATION OF RECEIPT OF MEXICAN WORKERS VIA TRANSFER

TO: **W.A.L.I.**
Suite 130 - 32160 South Fraser Way
Abbotsford, BC V2T 1W5
PHONE: (604) 854-4450 or Toll Free 1-866-954-4450
FAX: (604) 854-6050

_____ _____ _____
Sending Employer Name Telephone Number Fax Number

_____ _____ _____
Receiving Employer Name Telephone Number Fax Number

**Please ensure you receive a copy of the year-to-date payroll records from the originating employer.

| WORKER'S LAST NAME | WORKER'S FIRST NAME | WORKER'S FILE # EX. M7106 | DATE OF BIRTH | MALE OR FEMALE | DATE OF TRANSFER | SENDING EMPLOYER SYSTEM FILE # |
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Please contact: _____ at (_____) _____ to confirm the travel arrangements for the worker(s).