

Invoice - Reimbursement of Provider's Meeting Time

– Children's Inclusion Support Services

Name of Provider: _____

Name of Home Child Care

Consultant: _____

Name of Home Child Care Agency: _____

Agency Address: _____

			CISS Only
Date	Period of Time Provider Attended Meeting	Reason for Meeting	Authorization

Total hours **provider** was replaced _____

Agencies hourly base supply teacher rate of pay

or

AFCS hourly base supply teacher rate of pay (\$15.11) _____

Total claimed:

	6275-600	
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Please return to:

Children's Inclusion Support Services

Attention: Tara Matte

700 Industrial Avenue, Suite 600 Ottawa, Ontario K1G 0Y9

613-736-1913 ext. 229 613-736-8378 (fax)

tmatte@afchildrensservices.ca

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