

Invoice - Reimbursement of Supply Teachers

- Children's Inclusion Support Services

Name of child care program: _____

Address: _____

E-mail: _____

Date	Period of Time Supply Teacher was required	Reason for Replacement	Authorization (CISS Only)

Part I

Total hours of supply teacher replacement:	
Hourly base supply teacher rate of pay:	
Sub Total:	
4% vacation pay:	
Sub Total I:	

Part II

Employer's portion C.P.P. (4.95%)	
Employer's portion of E.I. (2.32%)	
E.H.T. (where applicable) (after first \$ 450,000 in payroll)	
WSIB (where applicable)	
Sub Total II:	

Total amount of Part I and Part II 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)
painvoice@afchildrensservices.ca

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