

## Invoice - Reimbursement of Provider's Meeting Time

### Children's Inclusion Support Services

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Name of Provider: \_\_\_\_\_

Name of Home Child Care

Consultant: \_\_\_\_\_

Name of Home Child Care Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

			CISS Only
Date MM/DD/YYYY	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 (\$17.11) \_\_\_\_\_

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)

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