

Invoice - Reimbursement of Supply Educators

Children's Inclusion Support Services

Name of child care program: _____

Address: _____

E-mail: _____

| Date MM/DD/YYYY | Period of Time Supply Teacher was required | Reason for Replacement | Authorization (CISS Only) |
|--------------------|---|------------------------|------------------------------|
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| | | | |
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| | | | |

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. 5.95 % | |
| Employer's portion of E.I. 2.32 % | |
| E.H.T. (where applicable) | |
| WSIB (where applicable) | |
| Sub Total II: | |

| | | |
|---|--|----------|
| Total amount of Part I and Part II claimed: | | 6275-600 |
|---|--|----------|

Please return to: **Children's Inclusion Support Services**
painvoice@afchildrensservices.ca

February 2024