|  |  |
| --- | --- |
| **Enhanced Funding INVOICE** | |
|  |  |
| Childcare | Date:Click or tap here to enter text. |
| Street Address | Invoice #:Click or tap here to enter text. |
| City, ON | |
| Postal Code | |
| Phone # | |
|  | |
| **Childcare Information:** | |
|  | |
| Supervisor/Administrator: Click or tap here to enter text. | |
| Educator: Click or tap here to enter text. | |
| Enhanced Staff: Click or tap here to enter text. | |
| Billing Dates: Click or tap here to enter text. | |
| ELCC Program: Click or tap here to enter text. | |
|  | |
| **Bill To:** | |
|  | |
| Inclusion Support Program | |
| Community Living North Bay | |
| 171 Chippewa St. W | |
| North Bay, ON | |
| P1B 6G3 | |
| (705) 474-8910 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Week of | Number of Hours | Salary Rate | Subtotal |
| Click or tap here to enter text. |  | $15.50 | $0.00 |
| Click or tap here to enter text. |  | $15.50 | $0.00 |
| Click or tap here to enter text. |  | $15.50 | $0.00 |
| Click or tap here to enter text. |  | $15.50 | $0.00 |
| Click or tap here to enter text. |  | $15.50 | $0.00 |
|  |  | Total | $0.00 |