

319 Lasalle Boulevard • Unit 2 • Sudbury, Ontario • P3A 1W7 ☎ 705 566 3416 or 1 877 272 4336
407 Centre Street • Unit 1 • Espanola, Ontario • P5E 1G1 ☎ 705 869 1564
15 Manitowaning Road • P.O. Box 269 • Little Current, Ontario • POP 1K0 ☎ 705 368 2002
Chapleau Mailing Address: 319 Lasalle Boulevard • Unit 2 • Sudbury, Ontario • P3A 1W7 ☎ 1 877 272 4336

SAMPLE

PLEASE USE A SEPARATE INVOICE FOR EVERY RESPITE PROVIDER

City/Town: _____ Postal Code: _____

(Parent/Guardian)

OFFICE USE ONLY

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Deadlines: Q1&2 (Apr-Sep) – **Oct 15th**
Q3 (Oct-Dec) – **Jan 15th**
Q4 (Jan-Mar) – **Apr 15th**

Invoices can be sent by mail (see addresses above) or by fax to 705-521-7376 or email at respite@ccnsudbury.on.ca

INSTRUCTIONS FOR COMPLETING YOUR INVOICE

1. Follow the Pay Breakdown Schedule to confirm invoicing deadlines and direct deposit pay dates.
2. Ensure that you use a separate invoice for every respite provider who is providing relief within the pay period.
3. Be sure to include all requested information, including the name and address of the provider, name and address of the child, name of the parent/guardian, etc.
4. Indicate the date and time the provider began delivering support and the date and time the provider finished under the Arrival and Departure headings.
5. If the provider supported the child/youth in the family's home, enter the rate of pay or flat rate, amount of hours worked, and the total cost of relief under the **In-Home** headings.
6. If the provider supported the child/youth outside of the family's home, enter the rate of pay or flat rate, amount of hours worked, and the total cost of relief under the **Out-of-Home** headings.
7. Ask the respite provider to sign the invoice.
8. The invoice should then be signed by the parent/guardian.
9. To submit an expense, list the nature of the expense (e.g. summer camp registration fee) under the Arrival heading and the cost, including HST, under the Expenses heading. Please ensure to also include the original receipt.
10. Submit a copy of the invoice to the Children's Community Network for payment and keep a copy for your records:

319 Lasalle Blvd, Unit 2, Sudbury, ON P3A 1W7
Email: respites@ccnsudbury.on.ca
Fax: 705-521-7376