

Invoice 2025 - 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)

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. 2.296 %	
E.H.T. (where applicable)	
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**
painvoice@afchildrensservices.ca

January 2025