



SAMPLE #3 – Paying for other admissible items

SSAH INVOICE FOR SERVICES PROVIDED – FAMILY SUPPORT OPTIONS

-put in **your** FSO Coordinator's name;

Colleen Scott

Lisa Romeo **OR** Julie Bergwerff

Put in **your child's name** who is receiving SSAH.

1. **Jane Doe**

Name of Child Receiving Funding

2. _____
Name of FSO Coordinator

3. Reimbursement to be sent to:

- Parent/Guardian
- Independent Service Provider/Agency/Program

4. **N/A**
Name of Independent Service Provider/Agency/Program

5. Invoice Details: (Copies of receipts must be provided).

A. Date

B. Description

C. Cost

A. Date	B. Description	C. Cost
April 15, 2023	IPAD	\$655.76 (includes taxes)
June 3, 2023	Basketball	\$32.44 (includes taxes)
July 22, 2023	Books/learning toys	\$175.61 (includes taxes)

****Must attach / include receipts for each entry on this invoice (receipts must indicate PAID and how paid).**

6. i) Total **technology purchase(s)** for this invoice (if applicable) = **\$655.76** (maximum of \$1500 allowed per fiscal year)

ii) **OVERALL TOTAL** to be reimbursed for this invoice = \$ **\$863.81** (including all technology purchases as applicable)

7. i) Confirmation of Services/Purchase received by family as recorded

Must be signed by parent/guardian.
Parent/Guardian Signature (REQUIRED)

ii) Confirmation of payment received from Parent/Guardian

Service Provider Signature/Date/Amount

Keep a copy of invoices as T4s are not provided

8. Reimbursement sent to: please check if this is a change of address.

Name: _____

Address: _____ City: _____ Postal Code: _____

8. Put in **your name/address** so CMHA knows where to mail the SSAH reimbursement cheque