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CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

CNIHB

LODGING INVOICE

AT FAMILY & FRIENDS

NIHB

- ○ Chibougamau
- ○ Chisasibi
- ○ Montréal
- ○ Val-d'Or

HOST INFORMATION

Host name: ____________________ Beneficiary/ Supplier # : ____________

Address: *(Lodging)* ____________________

civic address, street, postal code, community

Address: *(Mailing)* ____________________

○ *Same as lodging*

civic address, street, postal code, community

DETAILS OF THE STAY

Community of the beneficiary: ____________

Dates of stay: from ____________ to ____________

year - month - day *year - month - day*

	Last Name	First Name	P / E	JBNQA#	Date of birth *year - month - day*	# Days	Rate	Total
1.							x $	
2.							x $	
3.							x $	
4.							x $	
5.							x $	

Reimbursement rates | *Ages 6+: Lodging only $**30**, Lodging & meals $**74***
*Ages 5 and under: Meals only $**33**, Lodging and meals $**63***

Reimbursement amount to the host: $

Reimbursement Method:

- ○ Cheque*
- ○ Direct Deposit
  - ○ Account already opened
  - ○ Void cheque included

** Make sure the cheque is printed with your name on it.*

NB: Direct deposit is the fastest way to receive your money. Ask how you can register for it.

Signature of the host ____________ Date ____________

FOR OFFICE USE ONLY

Budget Code	20 - 420280	20 - 420280
Outside Region	Patient	Caregiver
Amount	$	$

Signature of CNIHB Employee ____________

Date ____________