

Child Care Service Information		Operating Grant Program	Yes	No	Vendor Payment Information		<i>Same as Operating Address</i>	Vendor Number: _____
Operating Name: _____					Vendor Name: _____			Case ID Number: _____
Street Address: _____					Street Address: _____			Service Period: _____
City/Town: _____ NL Postal Code: _____					City/Town: _____ NL Postal Code: _____			Contact Number: _____

[illegible]

Have you received funding under any other Provincial or Federal COVID-19 Programs to cover employee expenses? Yes No Amount of funding received: _____ Time Frame: _____ to _____
YYYY/MM/DD YYYY/MM/DD

I certify that the information provided above, as well as all supporting documentation required, is true and represents a claim for services actually rendered.

Administrator Name (Print) _____

Administrator Signature _____ Date YYYY/MM/DD _____

I authorize the deduction of the Advance Payment received, as per Schedule B of the applicable Service Agreement, to be deducted at this time. Please initial here:

FOR OFFICE USE ONLY			Funding Summary	Staffing Grant	School Closures	Replacement Staff	Funded Space	Travel	PL Fees
Recommended for Payment:			<i>Weekly Approval Amount</i>						
Inclusion Consultant Signature _____	Date YYYY/MM/DD _____		<i>Total Funding Approved</i>						
Recommended for Payment:			<i>Total Invoices Paid to Date</i>						
Financial Staff Signature _____	Date YYYY/MM/DD _____		<i>Current Invoice Amount</i>						
			<i>Total Remaining Amount</i>						

Required Documents: (1) Child Attendance Record (2) Verification of Wages and Benefits/Travel, PL & Replacement Staff or Funded Space (3) Paystubs (4) Employee Time Sheets * **Other documents may be required by**