



Conseil Crie de la santé et des services sociaux de la Baie James
 or $\text{Ojib} \cdot \text{b} \Delta \text{A} \cdot \text{A} \cdot \text{A} \cdot \text{A} \cdot \text{A} \cdot \text{A} \cdot \text{A}$
 Cree Board of Health and Social Services of James Bay

CPS Chibougamau
 CPS Chisasibi
 CPS Montreal
 Val d'Or

LODGING INVOICE AT FAMILY &

Host Name: _____

Address: _____

Telephone: _____

CBHSSJB
AUTHORIZATION
NUMBER

COMMUNITY OF THE BENEFICIARY: _____

DATES OF STAY: From: ____ - ____ - ____ To: ____ - ____ - ____
 Yr M Day Yr M Day

	Name,	First name	P/E	JBNQA #	DOB	# Days	Rate	Total
1.							X \$56.00 =	\$
2.							X \$56.00 =	\$
3.							X \$56.00 =	\$
4.								
5.								
Reimbursement Amount to the Host								\$

Signature of the host: _____ Date: _____

SECTION TO BE FILLED OUT BY CREE PATIENTS SERVICES

Budget code	Outside Region	Amount
20 _____ - 420280	Patient	\$
20 _____ - 420320	Escort	\$

Signature of the CPS employee: _____ Date: _____
 Signature of the CPS Director: _____ Date: _____