



June 27, 2018

SR #:

EA #:

Phone:

Fax:

ATT: Reservations – Confirmation # _____

This is to confirm _____ 's reservation for _____ nights'
accommodation: _____

Checking in: _____

Checking out: _____

Guest/Room: _____ guest(s), _____ room(s)

Parking: Yes No

Please invoice _____ authorized stay to the
Ministry of Social Development and Poverty Reduction at the medical rate of
_____ per night plus taxes.

Please fax the invoice to: 1-855-771-8754. **Please include the SR# noted above on invoice to ensure fast, accurate processing.**

Please note the ministry will only pay for room, parking (if indicated) and tax. All expenses other than those indicated above are to be the responsibility of

_____.

If you have any questions, please contact the Ministry at 1-866-866-0800.

Sincerely,

Employment and Assistant Worker

HR3327 (18/01/03)

The Ministry of Social Development and Poverty Reduction operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

**Ministry of Social
Development and
Poverty Reduction**

Mailing Address

**Telephone:
Facsimile:**