



October 08, 2015

SR #:

EA #:

Hotel Name
Hotel Address
City, BC V8V 8V8
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 Social Innovation 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 (15/10/02)

The Ministry of Social Development and Social Innovation 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
Social Innovation**

Office Name

Mailing Address
Office Address

Telephone: Office Phone
Facsimile: Office Fax