

## TFN Enrichment Funds Elders & Disabled Home Repairs: **Invoice Payment / Reimbursement Request Form**

Please make Cheque Payable to:		O Homeowner	O Contract	O Contractor	
Homeowner's	s Name:				
Contractor's 1	Name:				
		Email:			
Address:					
Date	Description of W	anlr		Amount	
	6 A				
			TOTAL:		
** Attach all	receipts or invoices	for materials, supplie	s and/or contractor	·s.	
Submit to: Temagami First Nation Community Services Department Bear Island, ON P0H 1C0 ATTN: Community Infrastructure Manager					
Homeowner Signature:			Date:		
For office use only: CIM Approval:			Date:		