Northern Ontario Families of Children with Cancer

Founded in the North for Families of the North

Registered Charity No. 86467 6713-RR 0001

APPLICATION FORM FOR ACCOMMODATION REIMBURSEMENT

(INVOICE/RECEIPT MUST ACCOMPANY THIS APPLICATION)

Date of Application: _____

Family Name: _____ Patient Name: _____

Address: _____

Notes: _____

Total amount of Accommodations: $ _____

Deductions: POFAP - $ _____

N.H.T.G. - $ _____

Amount Approved: $ _____

Reimbursement to be sent by email transfer

EFT address: _____

Invoice/Receipt attached: ☐

NOFCC Office Use Only

Approved by: _____ Date approved: _____

Date Entered on Tracking Sheet: _____ EFT #: _____

Unit #18, 1375 Regent St. South, Sudbury, ON P3E 6K4
705.586.3229 or 1.888.993.9227
Web: www.nofcc.ca **Email**: info@nofcc.ca

Striving to improve the lives of families dealing with childhood cancer