

Please submit invoice to:  
Metis Nation – Saskatchewan – Ministry of Health  
**Email:** healthprograms@mns.work  
**Fax** (306)249-4934



## Invoice for Private Accommodations

To Metis Nation – Saskatchewan – Ministry of Health,  
Please accept this invoice for private accommodations for the following citizen. The citizen understands that they are to pay for the accommodations up-front and that they will be reimbursed upon the submission of the proper documents.

X

X

Citizen Name:

Private Home-Owner Name:

Citizen Phone Number:

Private Home-Owner Phone Number:

Citizen Address:

Private Home-Owner Address:

DATE	DESCRIPTION	AMOUNT	NIGHTS SPENT	TOTAL
	Rate per night	\$65.00		
	Weekly Rate	\$200.00		
	Monthly Rate	\$500.00		

**TOTAL AMOUNT TO BE  
REIMBURSED TO CITIZEN:**