



## Conference Childcare Reimbursement Claim Form

Date	# of Children	Start	End	Total Hours	Hourly Rate	Subtotal	HST	Total
	Total Claim							

Name: \_\_\_\_\_ (Must be a registered delegate)

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Mail completed form to:**  
Good Roads  
1525 Cornwall Road, Unit 22  
Oakville, ON L6J 0B2  
Or Fax to: 289-291-6477 or Email to: [info@ogra.org](mailto:info@ogra.org)