

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

CHILD CARE RECEIPT

EMPLOYEE NAME	Amber Echan
DEPT/BUDGET	
DATES OF CHILD CARE REQUIRED	June 27-29/22

CHILD CARE PROVIDER INFORMATION

PRINT NAME	Marianne Echum (Mother)
TELEPHONE NUMBER	705 221-3033
NO. OF CHILDREN (UNDER 15 YRS.)	2
AMOUNT RECEIVED	s (00) s

SIGNATURE OF CHILD CARE PROVIDER

EMPLOYEE'S SIGNATURE

1 copy Employee, 1 copy Manager, 1 copy Finance Manager - PINK PAPER