Fax: 1 (416) 943-6293

Email: invoices@familyservicetoronto.org

|  |  |
| --- | --- |
| Client Code | Client Name |
|  |  |

|  |  |
| --- | --- |
| Payee Information | |
| Name |  |
| Address |  |
| Phone Number |  |

INSTRUCTIONS

* Fill out and return this form to get reimbursed for purchase of services.
* Always use this page as first page for your submission.
* Attach official receipts / invoices as proof of purchase.
* Incomplete invoice forms will not be processed and will delay payment.
* If you have questions about the invoice, payment processing, or require any support, please contact your local Passport Agency.

|  |  |
| --- | --- |
| Total number of receipts / invoices |  |
| Total amount of receipts / invoices |  |

|  |  |
| --- | --- |
| SIGNATURE - Person Managing Funds | |
| By signing this form, I acknowledge that:   * I have signed a Passport Service Agreement * I have not previously submitted the attached expenses * The attached expenses comply with the MCSS Passport Program Guidelines | |
| Signature of Person Managing Funds | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Support Worker / Service Provider | | | | | | |
| Name | | | | | | |
| Support Worker (SW) Hours | | | | | | |
| Complete one Passport Purchase of Service Form per worker  Specify service type 1, 2 or 3 as per below.  SERVICE TYPES   1. Community participation supports and activities of daily living 2. Education e.g. tutoring, personal training, life skill development, job coaching 3. Respite: in-home relief | Service Type | Start Date | End Date | Amount | Out of Ontario  🞏 |
| Hours | Hourly Rate |
| Service Type | Start Date | End Date | Amount | Out of Ontario  🞏 |
| Hours | Hourly Rate |
| Service Type | Start Date | End Date | Amount | Out of Ontario  🞏 |
| Hours | Hourly Rate |
| Service Type | Start Date | End Date | Amount | Out of Ontario  🞏 🞏 |
| Hours | Hourly Rate |
| Service Type | Start Date | End Date | Amount | Out of Ontario  🞏 |
| Hours | Hourly Rate |
| Subtotal | | | Amount |  |
| Mileage | | | | | | |
| Enter start and end dates, distance, rate and amount | | Start Date | End Date | Amount | Out of Ontario  🞏 |
| Distance (Km) | Rate |
| Start Date | End Date | Amount | Out of Ontario  🞏 |
| Distance (Km) | Rate |
| Start Date | End Date | Amount | Out of Ontario  🞏 |
| Distance (Km) | Rate |
| Subtotal | | Amount |  |
| SIGNATURE | | | | | | |
| By signing this invoice, I acknowledge that I have provided the services above.  Signature of Support Worker / Service Provider | | | | Date | | |

|  |  |  |  |  |  |
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| Community Participation | | | | | |
| Complete one line per invoice/receipt  Specify service type 4 ~ 10 as per below.  SERVICE TYPES   1. Community events and activities e.g. recreation, admission to festivals and museums, sports 2. Day Programs e.g. programs provided by agency, classes, training, workshops, resume development and tests/licenses 3. Membership 4. Camp 5. Out of home respite 6. Transportation provided by agency, taxis, parking, public transit (not annual) 7. Annual Public Transit Pass | Service Type | Name of agency / organization | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of agency / organization | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of agency / organization | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of agency / organization | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of agency / organization | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of agency / organization | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Subtotal | | | | Amount |  |

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| --- | --- | --- | --- | --- |
| Person-Directed Planning | | |  |  |
| Name of planning facilitator | Name of agency / organization | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Administration | | | | |
|  | Name of Service Provider | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |

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| --- | --- | --- | --- | --- | --- |
| Other Claims | | | |  | |
| Complete one line per invoice/receipt  Specify service type 11 ~ 14 as per below.  SERVICE TYPES   1. Support Worker’s vacation expenses for accompanying client during trips and holiday travel 2. Support Worker’s meal 3. Supplies required to participate in an activity/tickets 4. Other types, please specify | Service Type | Name of Service Provider | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of Service Provider | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of Service Provider | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of Service Provider | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of Service Provider | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
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| Service Type | Name of Service Provider | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Service Type | Name of Service Provider | Invoice / Receipt Number | Amount | Out of Ontario  🞏 |
| Start Date | End Date |
| Subtotal | | | | Amount |  |