Fax: 1 (416) 943-6293

Email: invoices@familyservicetoronto.org

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

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| 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.

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

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| 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 |

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| Name of Support Worker / Service Provider  |
| Name  |
| Support Worker (SW) Hours |
| Complete one Passport Purchase of Service Form per workerSpecify service type 1, 2 or 3 as per below.SERVICE TYPES1. 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/receiptSpecify service type 4 ~ 10 as per below.SERVICE TYPES1. 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 |

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| 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/receiptSpecify service type 11 ~ 14 as per below.SERVICE TYPES1. 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 🞏 |
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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 |  |