

Halton Support Services

Driving innovation and excellence in specialized services
for individuals with developmental disabilities

Office Use
DD
Other

Expense Invoice

53 Bond Street, Oakville, ON L6K 1L8
Phone 905-844-7864 ext. 434
Fax 905-849-6980
E-mail: hssinfo@cwsds.ca
Toll Free: 1800-600-2013

Email Invoices to hssinfo@cwsds.ca

PAYABLE TO: Parent			Person Supported		
PERSON'S NAME :			PARENT/CAREGIVER NAME:		
ADDRESS:			ADDRESS:		
TELEPHONE NO:			TELEPHONE NO:		
EMAIL:			EMAIL:		
PAYMENT TO BE MADE FROM THE FOLLOWING FUNDS:				AGE OF INDIVIDUAL	
SPECIAL SERVICES AT HOME	HSS RESPITE FUNDS Support in my home Support in my worker's home	OTHER	PASSPORT/ RPDG	CHILD (0 to 18)	
				ADULT (18+)	
Date	Description of Purchase	Sub Total	Date	Description of Purchase	Sub Total
TOTAL AMOUNT= \$					
I confirm that the above information and payments are with the terms under which this funding is approved					
Parent/Guardian/Person Supported				DATE	
FOR OFFICE USE ONLY					
Checked By:		GL Code:			