



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 be reimbursed for purchase of services.
- Always use this page as the 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:	
<ul style="list-style-type: none"> • 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

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Client Code	
Client Name	

Please provide detailed invoice / receipt information in the following tables:

NAME OF SUPPORT WORKER / SERVICE PROVIDER

Name	
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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 Province <input type="checkbox"/>	
		Hours	Hourly Rate			
	Service Type	Start Date	End Date	Amount	Out of Province <input type="checkbox"/>	
		Hours	Hourly Rate			
	Service Type	Start Date	End Date	Amount	Out of Province <input type="checkbox"/>	
		Hours	Hourly Rate			
	Service Type	Start Date	End Date	Amount	Out of Province <input type="checkbox"/>	
		Hours	Hourly Rate			
	Service Type	Start Date	End Date	Amount	Out of Province <input type="checkbox"/>	
		Hours	Hourly Rate			
	Subtotal				Amount	

MILEAGE

Enter start and end dates, distance, rate and amount	Start Date	End Date	Amount	Out of Province <input type="checkbox"/>		
	Distance (Km)	Rate				
	Start Date	End Date	Amount	Out of Province <input type="checkbox"/>		
	Distance (Km)	Rate				
	Start Date	End Date	Amount	Out of Province <input type="checkbox"/>		
	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

COMMUNITY PARTICIPATION

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Client Code	
Client Name	

Please provide detailed invoice / receipt information in the following tables:

Complete one line per invoice/receipt Specify service type 4 ~ 10 as per below. SERVICE TYPES 4 Community events and activities e.g. recreation, admission to festivals and museums, sports 5 Day Programs e.g. programs provided by agency, classes, training, workshops, resume development and tests/licenses 6 Membership 7 Camp 8 Out of home respite 9 Transportation provided by agency, taxis, parking, public transit (not annual) 10 Annual Public Transit Pass	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
Subtotal				Amount	

PERSON-DIRECTED PLANNING				
Name of planning facilitator	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
	Start Date	End Date		

ADMINISTRATION				
	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
	Start Date	End Date		

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Client Code	
Client Name	

Please provide detailed invoice / receipt information in the following tables:

OTHER CLAIMS					
Complete one line per invoice/receipt Specify service type 11 ~ 14 as per below. SERVICE TYPES 11 Support Worker's vacation expenses for accompanying client during trips and holiday travel 12 Support Worker's meal 13 Supplies required to participate in an activity/tickets 14 Other types, please specify	Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
	Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
	Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
	Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
	Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Province <input type="checkbox"/>
		Start Date	End Date		
Subtotal				Amount	