



Fax: 1 (416) 943-6293

Email: invoices@familyservicetoronto.org

Client Code	Client Name
Ex. 123456	Sample Name
Payee Information	
Name	Sample Name
Address	1 A Street, Toronto, ON, A1B 2C3
Phone Number	111-222-3333

The person managing funds will need to complete this section until YSSN sends updated copies of the Passport Purchase of Service Invoice Form. Please leave the client code box blank.

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	EX. 3 receipts
TOTAL AMOUNT OF RECEIPTS / INVOICES	EX. \$500.00

SIGNATURE - PERSON MANAGING FUNDS	
<p>By signing this form, I acknowledge that:</p> <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 	<p>The person managing the funding (person who signed the service agreement) is required to sign and date this section with each submission.</p>
<p>Signature of Person Managing Funds</p>	

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Client Code	SAMPLE NAME
Client Name	Ex. 123456

This section will be populated by your Local Passport Agency before being sent to you.

Please provide detailed invoice / receipt information in following tables:

NAME OF SUPPORT WORKER / SERVICE PROVIDER	
Name	SAMPLE NAME

SUPPORT WORKER (SW) HOURS					
<p>Complete one Passport Purchase of Service Form per worker</p> <p>Specify service type 1, 2 or 3 as per below.</p> <p>SERVICE TYPES</p> <p>1 Community participation supports and activities of daily living</p> <p>2 Education e.g. tutoring, personal training, life skill development, job coaching</p> <p>3 Respite: in-home relief</p>	Service Type	Start Date JAN. 1, 2018	End Date JAN 31, 2018	Amount \$150.00	Out of Ontario <input type="checkbox"/>
	1	Hours 10	Hourly Rate \$15		
	Service Type	Start Date FEB.1, 2018	End Date FEB. 28, 2018	Amount \$225	Out of Ontario <input type="checkbox"/>
	2	Hours 15	Hourly Rate \$15		
	Service Type	Start Date MAR. 1, 2018	End Date MAR. 31, 2018	Amount \$150	Out of Ontario <input type="checkbox"/>
	3	Hours 10	Hourly Rate 15		
		Start Date	End Date	Amount	Out of Ontario
		Hours	Hourly Rate		<input type="checkbox"/>
		Start Date	End Date	Amount	Out of Ontario
		Hours	Hourly Rate		<input type="checkbox"/>
Subtotal				Amount \$525	

Add the support worker name, select a service type, add dates, hours, rates, and amounts. Only select 'Out of Ontario' if the support took place in another province or country. One form is needed per support worker!

MILEAGE					
<p>Enter start and end dates, distance, rate and amount</p> <p>Eligible mileage expenses must include the dates, KM's driven, and rate. If a person is being paid a flat rate, please indicate 'Flat Rate' in the rate section and amount.</p>	Start Date FEB. 1, 2018	End Date FEB. 28, 2018	Amount \$50	Out of Ontario <input type="checkbox"/>	
	Distance (Km) 100 KM	Rate \$.50			
	Start Date MAR. 1, 2018	End Date MAR. 31, 2018	Amount \$100	Out of Ontario <input type="checkbox"/>	
	Distance (Km)	Rate FLAT RATE			
	Start Date	End Date	Amount	Out of Ontario	
	Distance (Km)	Rate			
Subtotal				Amount \$150	

SIGNATURE	
By signing this invoice, I acknowledge that I have provided the services above.	
Signature of Support Worker / Service Provider	Date

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Client Code	SAMPLE NAME
Client Name	Ex. 123456

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Please provide detailed invoice / receipt information in following tables:

COMMUNITY PARTICIPATION					
<p>Complete one line per invoice/receipt</p> <p>Specify service type 4 ~ 10 as per below.</p> <p>SERVICE TYPES</p> <p>4 Community events and activities e.g. recreation, admission to festivals and museums, sports</p> <p>5 Day Programs e.g. programs provided by agency, classes, training, workshops, resume development and tests/licenses</p> <p>6 Membership</p> <p>7 Camp</p> <p>8 Out of home respite</p> <p>9 Transportation provided by agency, taxis, parking, public transit (not annual)</p> <p>10 Annual Public Transit Pass</p>	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Ontario
	4	Ticketmaster – Hockey Tickets	234567	\$100	<input type="checkbox"/>
	Start Date	FEB. 16, 2018	End Date	FEB. 16, 2018	
	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Ontario
	5	Community Living Day Program	123456	\$800	<input type="checkbox"/>
	Start Date	MAR. 1, 2018	End Date	MAR. 31, 2018	
	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Ontario
	6	YMCA membership	567890	\$110	<input type="checkbox"/>
	Start Date	JAN. 1, 2018	End Date	DEC. 31, 2018	
	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Ontario
	9	Beck Taxi	246810	\$240	<input type="checkbox"/>
	Start Date	FEB. 1, 2018	End Date	FEB. 28, 2018	
	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Ontario
					<input type="checkbox"/>
	Start Date		End Date		
	Service Type	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Ontario
					<input type="checkbox"/>
	Start Date		End Date		
Subtotal				Amount	\$1,250

If a claim is listed in this section, all official invoices and receipts must be attached.

PERSON-DIRECTED PLANNING					
Name of planning facilitator	Name of agency / organization	Invoice / Receipt Number	Amount	Out of Ontario	
SAMPLE NAME	ABC Agency	045678	\$2,500	<input type="checkbox"/>	
	Start Date	APR. 1, 2017	End Date	MAR. 31, 2018	

ADMINISTRATION					
<p><i>Administration Fees can be a maximum of 10% of your annual funding.</i></p>	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Ontario	
	Bob F.	901234	\$700	<input type="checkbox"/>	
	Start Date	APR. 1, 2017	End Date	MAR. 31, 2018	

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Please provide detailed invoice / receipt information in following tables:

OTHER CLAIMS					
<p>Complete one line per invoice/receipt</p> <p>Specify service type 11 ~ 14 as per below.</p> <p>SERVICE TYPES</p> <p>11 Support Worker's vacation expenses for accompanying client during trips and holiday travel</p> <p>12 Support Worker's meal</p> <p>13 Supplies required to participate in an activity/tickets</p> <p>14 Other types, please specify</p>	Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Ontario
	11	Marriott Hotel	123456	\$210	<input checked="" type="checkbox"/>
		Start Date FEB. 27, 2018	End Date FEB. 28, 2018		
	Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Ontario
	12	Tim Hortons	N/A	\$4.55	<input checked="" type="checkbox"/>
		Start Date FEB. 27, 2018	End Date FEB. 27, 2018		
	Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Ontario
		Start Date	End Date		<input type="checkbox"/>
	Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Ontario
		Start Date	End Date		<input type="checkbox"/>
<i>If a claim is listed in this section, all official invoices and receipts must be attached.</i>					
Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Ontario	
	Start Date	End Date		<input type="checkbox"/>	
Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Ontario	
	Start Date	End Date		<input type="checkbox"/>	
Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Ontario	
	Start Date	End Date		<input type="checkbox"/>	
Service Type	Name of Service Provider	Invoice / Receipt Number	Amount	Out of Ontario	
	Start Date	End Date		<input type="checkbox"/>	
Subtotal				Amount \$214.55	