

RETROACTIVE SUBMISSION EXAMPLE FOR WAGE ENHANCEMENT

Passport Purchase of Service Invoice Form

2

Client Code	12345
Client Name	Jane Doe

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

NAME OF SUPPORT WORKER / SERVICE PROVIDER

Name	John Smith
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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
	1	Oct 1, 2020	Dec 31, 2020	\$300.00	<input type="checkbox"/>
		Hours	Hourly Rate		
		100	\$3.00		
	Service Type	Start Date	End Date	Amount	Out of Province
		Hours	Hourly Rate		<input type="checkbox"/>
Service Type	Start Date	End Date	Amount	Out of Province	
	Hours	Hourly Rate		<input type="checkbox"/>	
Service Type	Start Date	End Date	Amount	Out of Province	
	Hours	Hourly Rate		<input type="checkbox"/>	
Service Type	Start Date	End Date	Amount	Out of Province	
	Hours	Hourly Rate		<input type="checkbox"/>	
Subtotal				Amount	\$300.00

MILEAGE

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

SIGNATURE

By signing this invoice, I acknowledge that I have provided the services above.	
<i>John Smith</i>	
Signature of Support Worker / Service Provider	Date