

SUBMITTING FOR CURRENT HOURS WITH 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	Jan 1, 2021	End Date	Jan 31, 2021	Amount		Out of Province
	1	Hours	20	Hourly Rate	\$20.00	\$400.00		<input type="checkbox"/>
	Service Type	Start Date	Jan 1, 2021	End Date	Jan 31, 2021	Amount		Out of Province
		Hours	20	Hourly Rate	\$3.00	\$60.00		<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"/>
* \$3.00/hour wage enhancement						Subtotal	Amount	\$460.00

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