

**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	April 1, 2021	End Date	April 30, 2021	Amount	\$400.00	Out of Province <input type="checkbox"/>
	1	Hours	20	Hourly Rate	\$20.00			
	Service Type	Start Date	April 1, 2021	End Date	April 30, 2021	Amount	\$60.00	Out of Province <input type="checkbox"/>
		Hours	20	Hourly Rate	\$3.00			
	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					
<b>* \$3.00/hour wage enhancement</b>						Subtotal	Amount	\$460.00

**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	460.00

**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