PassportONE
FAMILY SERVICE TORONTO

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Fax: 1(416) 943-6293 or 1(855)-814-2403 if outside of the Greater Toronto Area

Email: invoices@familyservicetoronto.org

Client Code	Client Name
Payee Information	
Payee Name:	
Address:	
Phone Number:	

The information in this section will be automatically populated once your void cheque or direct deposit form is received.

We encourage you to submit your claims electronically through one of the two free-to-use e-filing options, please visit https://passportfunding.ca/filing-claims for more information on how to register an account and start submitting your claims online.

INSTRUCTIONS:

- Fill out and return this form to be reimbursed for admissible expenses.
- Always use this page as the first page for your submission.
- Official receipts / invoices are required for reimbursement.
- Incomplete invoice forms cannot 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, or visit https://passportfunding.ca/.
- Some expense categories are subject to a maximum annual reimbursement amount. For more information please consult the Passport guidelines.
- Complete the form in block letters clearly. Use yyyy-mm-dd format for dates. If the service is a one day event, fill in the same start date and end date.

EXAMPLE:

Service Type (4-10)	Name of Service Provider	Invoice / Receipt Number	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Amount	Out of Province (Y or N)
5	LIVING SERVICE NETWORK	0032345	2022-10-13	2022-11-03	$ 1103.30	N
8	HEALTHY RETREAT SERVICES	AB334	2022-08-15	2022-08-15	$ 325.00	Y

Write clearly in BLOCK LETTERS

For one day event or service, fill in the same start date and end date

Total Number of receipts / invoices	18
Total Amount of receipts / invoices	$ 5,474.30

PERSON MANAGING FUNDS

Name

By signing this form, I acknowledge that:

- I have signed a Passport Service Agreement
- I have not previously submitted the attached expenses
- The attached expenses comply with the MCCSS Passport Program Guidelines

The person managing the funding (person who signed the service agreement) is **required** to print their name, sign, and date this section with each submission.

Signature of Person Managing Funds

Date (yyyy-mm-dd) - -

Client Code	
Client Name	

This section will be automatically populated.

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

SUPPORT WORKER (SW) HOURS

Complete one Passport Purchase of Service Form per worker. Specify service type 1, 2 or 3 as per below.

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 (1-3)	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Hours	Hourly Rate	Amount	Out of Province (Y or N)
1	2023 – 04 – 01	2023 – 04 – 30	8 hr	$18	$ 144	N
2	2023 – 05 – 01	2023 – 05 – 31	10 hr	$18	$ 180	N
3	2023 – 06 – 01	2023 – 06 – 30	hr	$ FLAT RATE	$ 90	N
			hr	$	$	
			hr	$	$	
			hr	$	$	
				Subtotal	$ 414	

Select a service type, enter dates (in the format yyyy-mm-dd), hours, rates, and amounts. Enter 'Y' in 'Out of Province' if the support took place in another province or country, otherwise enter 'N'.

MILEAGE

Mileage provided to Passport recipient to attend admissible Passport activities.

Enter start and end dates, distance, rate and amount.

	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Distance (km)	Rate	Amount	Out of Province (Y or N)
Mileage	2023 – 04 – 01	2023 – 04 – 30	100 km	$ 0.50	$ 50	N
Mileage	2023 – 05 – 01	2023 – 05 – 01	km	$ FLAT RATE	$ 100	N
Mileage			km	$	$	
Mileage			km	$	$	
Mileage			km	$	$	
Mileage	– –	– –	km	$	$	
				Subtotal	$ 150	

Eligible mileage expenses for recipients, caregivers, and Support Workers, must include the dates, km's driven, and rate. If a person is claiming a flat rate, please indicate 'Flat Rate' in the rate section and amount.

SUPPORT WORKER / SERVICE PROVIDER

Name	
Signature By signing this invoice, I acknowledge that I have provided the services above.	Date (yyyy-mm-dd) - -

The individual claiming support worker hours and/or mileage is **required** to print their name, sign, and date this section. One form is needed for each person making a claim.

Client Code	
Client Name	

This section will be automatically populated.

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

LIVE EVENT TICKETS

Tickets purchased to watch live events (includes both in-person and virtual ticketed events).

Complete one line per event. Specify the category as per below:

A. Music Events
B. Sporting Events
C. Live Theatre or Musicals
D. Other Live Entertainment

Complete one line per event. If the claim is for season ticket package to a live event, please use service type 6 in the Community Participation section.

Category (A-D)	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Number of Tickets	Cost per Ticket	Amount	Out of Province (Y or N)
A	2023 – 04 – 10	2023 – 04 – 10	2	$ 100	$ 200	N
				$	$	
				$	$	
				$	$	
				$	$	
				Subtotal	$ 200	

Select an event category, enter the date of the event, number of tickets purchased, cost per ticket (maximum of $150 will be reimbursed per ticket per person), and total amount. If a claim is listed in this section, all official invoices and receipts must be attached.

COMMUNITY PARTICIPATION

Complete one line per invoice/receipt. Specify service type 4 to 10 as per below:

4. Community activities e.g. Participation in sporting/ recreational activities, museums, park admissions, bowling, movie tickets, etc.
5. Day Programs e.g. programs provided by agency, classes, training, workshop and resume development
6. Membership / Live Event Season Ticket Packages
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 (4-10)	Name of Service Provider	Invoice / Receipt Number	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Amount	Out of Province (Y or N)
4	BOWLING	234567	2023 - 06 - 18	2023 – 06 – 18	$ 50	N
5	COMMUNITY LIVING DAY PROGRAM	123456	2023 - 05 - 01	2023 – 05 – 31	$ 800	N
6	YMCA MEMBERSHIP	567890	2023 - 01 - 01	2023 – 01 – 31	$ 48.75	N
9	BECK TAXI	246810	2023 - 04 - 01	2023 – 04 – 01	$ 30	N
			- -	- -	$	
			- -	- -	$	
			- -	- -	$	
			- -	- -	$	
				Subtotal	$ 928.75	

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

Client Code	
Client Name	

This section will be automatically populated.

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

CPS SUPPLIES AND EQUIPMENT

Complete one line per invoice/receipt. Specify the category as per below:

A. Sensory
B. Personal Protective Equipment
C. Personal Fitness Equipment
D. Activity/Hobby/Recreational supplies and equipment
E. Other

Category (A-E)	Name of Supplier	Invoice / Receipt Number	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Amount
B	WALMART	12344	2023 – 06 – 18	2023 – 06 – 18	$ 100
C	CANADIAN TIRE	24597	2023 – 06 – 18	2023 – 06 – 18	$ 150
			– –	– –	$
			– –	– –	$
			– –	– –	$
			– –	– –	$
				Subtotal	$ 250

Select a purchase category, enter the name of the supplier, invoice number, purchase date, and amount. If a claim is listed in this section, all official invoices and receipts must be attached. Items purchased online must include the delivery date on the invoice or receipt. There is a maximum annual reimbursement amount of $2,000 per fiscal year for items in this category.

TECHNOLOGY

Complete one line per invoice/receipt. Specify the category as per below:

A. Computers, laptops, tablets, and related accessories
B. Cell phone and phone plans
C. Technology services (e.g. home internet, mobile app, software and warranties etc.)
D. Other hardware/electronics items
E. Other services

Category (A-E)	Name of Supplier	Invoice / Receipt Number	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Amount
A	BEST BUY	12344	2023 – 06 – 01	2023 – 06 – 01	$ 300
B	BELL	24597	2023 – 06 – 01	2023 – 06 – 30	$ 80
			– –	– –	$
			– –	– –	$
			– –	– –	$
			– –	– –	$
			– –	– –	$
				Subtotal	$ 380

Select a purchase category, enter the name of the supplier, invoice number, purchase date, and amount. If a claim is listed in this section, all official invoices and receipts must be attached. For example, phone and Internet bills must include all pages. Items purchased online must include the delivery date on the invoice or receipt. There is a maximum annual reimbursement amount of $3,000 per fiscal year for items in this category.

Client Code	
Client Name	

This section will be automatically populated.

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

SUPPORT WORKER EXPENSES

Complete one line per invoice/receipt. Specify service type 11 to 12 as per below:

11. Support Worker's vacation expenses for accompanying client during trips and holiday travel
12. Support Worker's meal

Service Type (11-12)	Name of Service Provider	Invoice / Receipt Number	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Amount	Out of Province (Y or N)
11	MARRIOTT HOTEL	1234587	2023 – 05 – 17	2023 – 05 – 17	$ 150	Y
12	TIM HORTONS	N/A	2023 – 05 – 17	2023 – 05 – 17	$ 4.55	Y
			– –	– –	$	
			– –	– –	$	
			– –	– –	$	
				Subtotal	$ 154.55	

If a claim is listed in this section, all official invoices and receipts must be attached. Support Worker mileage claims must be listed on page 2.

OTHER CLAIMS

Complete one line per invoice/receipt.

	Name of Service Provider	Invoice / Receipt Number	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Amount	Out of Province (Y or N)
OTHER			– –	– –	$	
OTHER			– –	– –	$	
OTHER			– –	– –	$	
				Subtotal	$	

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

PERSON DIRECTED-PLANNING

	Name of Service Provider	Invoice / Receipt Number	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Amount	Out of Province (Y or N)
PDP	ABC AGENCY	045678	2023 – 04 – 01	2024 – 03– 31	$ 2,500	N
				Subtotal	$ 2,500	

If a claim is listed in this section, all official invoices and receipts must be attached. PDP can be a maximum of $2,500 of your annual funding.

ADMINISTRATION

	Name of Service Provider	Invoice / Receipt Number	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Amount	Out of Province (Y or N)
Admin	XYZ AGENCY		2023 – 04 – 01	2024 – 03 – 31	$ 497	N
				Subtotal	$ 497	

Administration Fees can be a maximum of 10% of your annual funding.