



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 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	2022-11-3	\$ 1100.30	N
8	Healthy Retreat Hut	AB334	2022-8-15	2022-8-15	\$ 325.00	Y

Write in block letters clearly

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

Total Number of receipts / invoices	3 Receipts
Total Amount of receipts / invoices	\$ 500.00

PERSON MANAGING FUNDS

Name	
By signing this form, I acknowledge that:	
<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 MCCSS Passport Program Guidelines 	
Signature of Person Managing Funds	

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.

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Client Code		<i>This section will be populated.</i>
Client Name		

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	10 hr	\$ 15	\$ 150	N
2	2023 - 05 - 01	2023 - 05 - 31	15 hr	\$ 15	\$ 225	N
3	2023 - 06 - 01	2023 - 06 - 30	10 hr	\$ 15	\$ 150	N
				\$	\$	
				\$	\$	
				\$	\$	
Subtotal					\$ 525	

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 - 31	km	FLAT RATE	\$ 100	N
Mileage				\$	\$	
Mileage				\$	\$	
Mileage				\$	\$	
Mileage	- -	- -	km	\$	\$	
Subtotal					\$ 150	

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.

SUPPORT WORKER / SERVICE PROVIDER

Name	
Signature	
By signing this invoice, I acknowledge that I have provided	
<i>The support worker is required to print their name, sign, and date this section. One form is needed per support worker!</i>	
Date (yyyy-mm-dd)	- -

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Client Code		<i>This section will be populated.</i>
Client Name		

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	\$ 150	\$ 300	N
C	2023 - 05 - 10	2023 - 05 - 10	2	\$ 100	\$ 200	N
Select an event category, enter the date of the event, number of tickets purchased, cost per ticket, and amount. If a claim is listed in this section, all official invoices and receipts must be attached.					\$	
					\$	
					\$	
Subtotal					\$ 500	

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	\$ 100	N
5	Community Living Day Program	123456	2023 - 05 - 01	2023 - 05 - 31	\$ 800	N
6	YMCA Membership	567890	2023 - 01 - 01	2023 - 12 - 01	\$ 110	N
9	Beck Taxi	246810	2023 - 04 - 01	2023 - 04 - 01	\$ 240	N
If a claim is listed in this section, all official invoices and receipts must be attached.					\$	
					\$	
					\$	
					\$	
Subtotal					\$ 1,250	

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Client Code		<i>This section will be populated.</i>
Client Name		

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	\$ 500
				-	\$
				-	\$
				-	\$
			- -	- -	\$
Subtotal					\$ 600

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.

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	\$ 400
B	Bell	24597	2023 - 06 - 01	2023 - 06 - 30	\$ 80
				-	\$
				-	\$
			- -	- -	\$
			- -	- -	\$
			- -	- -	\$
Subtotal					\$ 480

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.

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Client Code		<i>This section will be populated.</i>
Client Name		

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	\$ 210	Y
12	Tim Hortons	N/A	2023 - 05 - 17	2023 - 05 - 17	\$ 4.55	Y
			- -	- -	\$	
			- -	- -	\$	
			- -	- -	\$	
			- -	- -	\$	
Subtotal					\$ 214.55	

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

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					\$	

Use this section for any other expense. 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	

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	Bob F.		2023 - 04 - 01	2024 - 03 - 31	\$ 500	N
Subtotal					\$ 500	

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