



Passport Program Programme Passeport

Funding for community
participation services
and supports

Financement des services
et des soutiens à la participation
communautaire

Purchase of Service (POS) "Claim form" Education Session

Do you submit your claims by email or fax?

PassportONE
 1-800-387-2222 (toll-free) | 416-392-1234 (local) | Fax: 416-392-1235 (local) | Email: invoices@familyandcommunity.ca

PASSPORT Purchase of Service INVOICE FORM

Client Code: _____ Client Name: _____

Payee Information: _____

Payee Name: _____

Address: _____

Phone Number: _____

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

When you pay via mail, you can electronically throughout of the two source of registration, please visit <https://passportone.ca/faq> for more information on how to register an account and start submitting your claims online.

PLEASE NOTE:

- Help and create POS forms to be reimbursed for admissible operations.
- Always use the page as the "1st page" for your submission.
- Details and other notices are important to your submission.
- Incomplete invoice forms cannot be processed and will delay payment.
- If you have questions about this process, payment processing or require any support, please contact your local Passport Agency or visit <https://passportone.ca/faq>.
- Some business categories are subject to a maximum claim amount (e.g. all receipts for travel). For more information, please contact the Passport Agency.
- Complete the form as accurately as possible. Use 300 dpi or higher for scans. If the service is a one-day event, fill in the same start date and end date.

---GAIN A B.C.

Item	Description	Amount	Start Date	End Date	Category	Y/N
1	Living Service Network	1000.00	2020-10-01	2020-10-31	1000.00	Y
2	Healthcare Support	500.00	2020-10-01	2020-10-31	500.00	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, we acknowledge that:

- I have signed all receipts / invoices as per my request.
- I have not provided any other information to the service provider.
- If actual and expenses listed by me for this claim are not eligible for funding, I will not be held responsible for the amount of the claim.

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

Please join us for training on how to properly fill in the Purchase of Service (POS) form

When:	Last Wednesday of each month
Time:	12:00 – 1:00 pm
Where:	Virtually via Zoom

We will also share tips & tricks to help your claims be processed faster and make submitting claims easier for you!

**Please use this zoom link to join:
[Purchase of Service Form Session](#)**