



**INVOICE REIMBURSEMENT FORM  
(Funding Transfer Form)**

Extend-A-Family  
91 Moore Ave  
Kitchener, ON N2H3S4  
invoices@eafwr.on.ca

Person Supported: \_\_\_\_\_ Family Name: \_\_\_\_\_  
(First and Last Name) (First and Last Name)

Address: \_\_\_\_\_ EAFWR Coordinator: \_\_\_\_\_

Funding Source:  SSAH  Passport  Enhanced Respite/MFTD  Other: \_\_\_\_\_

**Instructions:**

- Always use this page as the first page for reimbursement of any invoices/receipts.
- Signatures, invoices or receipts are required for ALL reimbursements.
- All banking information must be provided in advance, including service providers.

**Reimbursement Direction:**

Who Do We Pay?		Name	Amount
A	Total Reimbursement to <b>Family</b> :		\$
B	Total Reimbursement to <b>Person Supported</b> :		\$
C	Total Reimbursement to <b>Service Provider (ex. private respite worker, camp, housecleaner, program provider)</b> :		\$
D	Total Reimbursement to <b>2<sup>nd</sup> Service Provider</b> :		\$
E	Total Reimbursement to <b>3<sup>rd</sup> Service Provider</b> :		\$
<b>Total of All Reimbursement</b>		(A + B + C + D + E)	\$

**Signature:**

I, \_\_\_\_\_, hereby acknowledge and agree that the Service Provider(s)  
(Name of Person Supported/family, please print)  
have provided these services to the Person Supported in accordance with funding guidelines.

I authorize to pay THE TOTAL FEES indicated above to the Independent Service Provider(s) directly using my available funding administered by EAFWR pursuant to my FUNDING SERVICE AGREEMENT with EAFWR. I furthermore agree that I will cover any portion of the fees that exceed the available funding.

\_\_\_\_\_  
Person Supported /Family Signature

\_\_\_\_\_  
Date

Person Supported: \_\_\_\_\_  
 (First and Last Name)

Family Name: \_\_\_\_\_  
 (First and Last Name)

**RESPIRE / SUPPORT WORKER**

Dates of Service	# of Hours	Hrly Rate	Amount Paid	Respite / Support Worker		
				Print Name	Phone Number	Signature *
<b>TOTALS</b>	<b>hrs.</b>		<b>\$</b>			

\* I acknowledge and agree that I am an independent service provider and I have provided services as described above to the Person Supported as agreed with the Designate and am solely responsible for the quality, appropriateness and safety of such services. I furthermore agree that I am not in an employment relationship with the Person Supported/Designate, or any other entity in respect of the services to the Person Supported. I am responsible for reporting my own earnings, maintaining my own records regarding the funds transferred to me, making any remittances, paying any taxes, maintaining my own insurance in respect of any injuries I may sustain while performing the services. I hereby agree to release, hold harmless and indemnify the Person Supported/Designate and any agent, or Transfer Payment Agency acting on behalf of or supporting the Person Supported or the Designate, in respect of any harm, loss, claim, cause of action, fines, penalty, demand, interest, costs or liability that may arise as a result of or in relation to my performance of the services. I also acknowledge that the Designate may pay this invoice by directing a Transfer Payment Agency to issue payment to me on his/her/their behalf.

Person Supported: \_\_\_\_\_  
 (First and Last Name)

Family Name: \_\_\_\_\_  
 (First and Last Name)

**TRANSPORTATION** (Mileage, {Bus Pass/Taxi – Passport funding only})

Type of Service	Dates of Service	Kms	Total	Service Provider	
				Print Name	Signature or Receipt ✓
<b>TOTAL</b>		<b>km</b>	<b>\$</b>		

**CAMP**

Camp Name	Camp Dates	Cost	Receipt Attached ✓
<b>TOTAL</b>		<b>\$</b>	

**REGISTRATION FEES FOR PROGRAMS, or MEMBERSHIPS** (i.e. Hockey, Swimming, Music)

Registrations	Dates of Service	Cost	Receipt Attached ✓
<b>TOTAL</b>		<b>\$</b>	

Person Supported: \_\_\_\_\_ Family Name: \_\_\_\_\_  
 (First and Last Name) (First and Last Name)

**SSAH or ENHANCED RESPITE/MFTD FUNDING USE ONLY, LIGHT HOUSEKEEPING/YARD WORK**

Type of Service	Dates of Service	Cost	Service Provider	
			Print Name	Signature or receipt ✓
<b>TOTAL</b>		<b>\$</b>		

**PASSPORT FUNDING USE ONLY, ACTIVITIES**

Type of Activity (i.e. Movies, Tickets, Events)	Dates of Service	Cost	Receipt Attached ✓
<b>TOTAL</b>		<b>\$</b>	