Extend-A-Family
WATERLOO REGION

PASSPORT 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: _____

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 to your Support Coordinator in advance, including service providers.
- **For additional instructions and resources for filling out this form please visit https://www.eafwr.on.ca/wp-content/uploads/2018/01/ISP-How-to-Get-Reimbursed.pdf .**
- **Submit invoices electronically at: invoices@eafwr.on.ca**

Reimbursement Direction:

	Who Do We Pay?	Name	Amount
A	Total Reimbursement to **Person Supported/Family:**		**$**
Amounts Entered Below are Payable Directly to the Service Providers (Contact your support Coordinator in advance to arrange for a Service Provider to be set-up as a payee.)			
B	**1st Service Provider**:		**$**
C	**2nd Service Provider**:		**$**
D	**3rd Service Provider**:		**$**
	Total of All Reimbursement	**(A + B + C + D)**	**$** 0.00

Signature:

I, _____ Hereby acknowledge and agree that the Service
(Name of Person Supported/family, please print)

Provider(s) 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: _____ Family Name: _____

RESPITE / SUPPORT WORKER

Dates of Service	# of Hours	Hrly Rate	Amount Paid	Respite / Support Worker		
				Print Name	Phone Number	Signature *

TOTALS: 0 **hrs** **$** 0 **Check to Pay Provider** ☐

* 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.

Person Supported: _____ Family Name: _____

RECEIPT AND EXPENSE SUMMARY

Purchase Date	Place of Purchase	Items	Date of Activity / Event	Amount	Receipt Attached
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

Total: $ 0

TRANSPORTATION (Taxi/Uber/Bus Pass)

Name of Service Provider	Date of Service	Destination		Cost	Receipt Attached
		From	To		
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

Total: $ 0

Person Supported: ________________________ Family Name: ________________________

MILEAGE CLAIMS

Provider Name	Date	Purpose of Travel		Relationship to Client		
Destination		**Distance (km)**	**Rate**		**Total Amount ($)**	
From	**To**		**Flat Rate**	**Per km Rate**		

Provider Name	Date	Purpose of Travel		Relationship to Client		
Destination		**Distance (km)**	**Rate**		**Total Amount ($)**	
From	**To**		**Flat Rate**	**Per km Rate**		

Provider Name	Date	Purpose of Travel		Relationship to Client		
Destination		**Distance (km)**	**Rate**		**Total Amount ($)**	
From	**To**		**Flat Rate**	**Per km Rate**		

Provider Name	Date	Purpose of Travel		Relationship to Client		
Destination		**Distance (km)**	**Rate**		**Total Amount ($)**	
From	**To**		**Flat Rate**	**Per km Rate**		

Provider Name	Date	Purpose of Travel		Relationship to Client		
Destination		**Distance (km)**	**Rate**		**Total Amount ($)**	
From	**To**		**Flat Rate**	**Per km Rate**		

Provider Name	Date	Purpose of Travel		Relationship to Client		
Destination		**Distance (km)**	**Rate**		**Total Amount ($)**	
From	**To**		**Flat Rate**	**Per km Rate**		

Total kms: 0 **Total Mileage: $** 0