

# BILLETING INVOICE

As a host providing accommodation to those in need during a disaster, you may be compensated for additional expenses incurred by claiming the billeting allowance. Please complete this invoice and attach it to the white copy of the ESS Referral form issued in your name. Submit both this invoice and the white copy of the Referral form to Emergency Management BC address indicated on the bottom of the Referral form. Please keep a photocopy of these forms for your personal records and allow 6-8 weeks for receipt of payment.

Date: \_\_\_\_\_ EMBC Task # \_\_\_\_\_  
*(obtain from the top of the ESS Referral Form)*

Name of Supplier: *(your name)* \_\_\_\_\_

Mailing Address: *(your address)* \_\_\_\_\_

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Phone Number: *(your phone #)* \_\_\_\_\_

Name of Family Representative: *(same name as appears on the ESS Referral Form)*

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Date of Accommodation provided: From \_\_\_\_\_  
To: \_\_\_\_\_

Daily Allowable Rates:     \$30.00 for first adult  
                                   \$10.00 each additional adult and youth (13-18)  
                                   \$ 5.00 for each child 12 and under

Accommodation provided for:     \_\_\_\_\_ adults  
   \_\_\_\_\_ youths 13 – 18 years  
   \_\_\_\_\_ children 12 years of age and under

Please pay:     \_\_\_\_\_ x \$30 for first adult                     = \_\_\_\_\_  
                   \_\_\_\_\_ x \$10.00 each additional adult/youth     = \_\_\_\_\_  
                   \_\_\_\_\_ x \$ 5.00 for each child                     = \_\_\_\_\_

TOTAL \_\_\_\_\_

Name: *(Please print)* \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: Emergency Social Services Office, Emergency Management BC  
PO Box 9201, STN PROV GOVT, Victoria BC V8W 9J1  
Phone: 1-800-585-9559 Fax: (250) 952-4888

Revised July, 2014