



FUNERAL SERVICES BILLING

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to the Employment and Assistance Coordinator in your region.

Note to Service Provider: Please complete sections A, B and C. Submit the signed **original** of this billing form (not a photocopy) and an **original** signed and numbered invoice (not a photocopy) to the local Ministry office that authorized the service. **Do not submit the billing form or invoice directly to Financial and Administrative Services Branch.** Please retain a photocopy for your records.

SECTION A - INFORMATION ON SERVICE PROVIDER AND DECEASED

Name of Service Provider (Funeral Home, Cemetery, Crematorium)		
Address		Postal Code
Phone Number	Fax Number	Contact Person (Print Name)
Is billing the Ministry of Social Development and Social Innovation for services relating to the late:		Name of Deceased
Date of Birth (YYYY MMM DD)		Date of Birth (YYYY MMM DD)
Address		Date of Death (YYYY MMM DD)
Name of Legal Representative (Print Name)		Date Service Provided (YYYY MMM DD)
Service authorized by: Ministry Contact (Print Name)	Phone Number	Fax Number

SECTION B - SERVICES PROVIDED LIST ONLY THOSE SERVICES THAT YOU ARE BILLING FOR: (See Ministry policy for specific allowable fees) (The Province of British Columbia is no longer exempt from applicable taxes)

Services of a Funeral Provider Fee - \$1285 (for immediate disposition)

- Transporting a deceased person's body within British Columbia within 32 km;
- Completing and filing the registration of death, obtaining a burial or cremation permit;
- Professional and staff services including counseling and coordination with legal representative of deceased, coordination with crematorium and cemetery;
- Preparing a deceased person's body for burial or cremation including basic sanitary. (including basic sanitary care and casketing);
- Use of funeral home and equipment of a funeral provider including preparation room, refrigeration, parking and service areas;
- Transfer of the deceased from the funeral home to the cemetery or crematorium.

Basic disposition fee \$ _____

Other Items or Service Fee – up to \$815 (for additional services when requested by the family and agreed upon by the funeral service provider)

- Co-ordination of bereavement rites and ceremonies; \$ _____
- Attendance of staff for services and visitation; \$ _____
- Preparation of the deceased including embalming, dressing, hairdressing \$ _____
- Use of funeral home or chapel facilities and equipment for memorial and funeral services. \$ _____

Total additional allowable fees \$ _____

Transportation

From 33 to 82 kms.	_____ kms. times \$1.00/km.....	\$ _____
From 83 to 182 kms.	_____ kms. times \$.90/km.....	\$ _____
Over 182 kms.	_____ kms. times \$.60/km.....	\$ _____
Total transportation		\$ _____

Casket

Imperial #2 HP cloth-covered casket (or cost equivalent)	Factory invoiced cost.....	\$ _____
	Plus 20%.....	\$ _____
	Plus freight.....	\$ _____
	Plus cost for oversize remains.....	\$ _____
Maximum Allowance	Total	\$ _____

SECTION B (CONTINUED)

Burial Costs
 Cost of burial plot..... \$ _____
 Grave opening and closing fees..... \$ _____
 Additional costs (grave liner, container, pouch - where required by cemetery)..... \$ _____
 Total \$ _____

Cremation Costs
 Cremation fees..... \$ _____
 Urn (to a maximum of \$200)..... \$ _____
 Cost of cremation plot..... \$ _____
 Grave opening and closing fees..... \$ _____
 Concrete grave liner (if required by cemetery)..... \$ _____
 Total \$ _____

The ministry will pay only for the items and services listed in Section B.

Applicable taxes..... \$ _____
 Total Amount of Billing..... \$ _____

Signature of Service Provider _____ Print Name _____ Date signed (YYYY MMM DD) _____

SECTION C - ADDITIONAL ITEMS

Please provide a list of all additional items and services purchased by other parties.
Note that funds from the estate, a spouse, or in the case of a minor, a parent, or in the case of a sponsored immigrant, a sponsor of the deceased person if used to upgrade goods or services purchased by the ministry (such as urns, caskets and plots) will be deducted from the amount the ministry would pay.

Casket Upgrade (Purchaser and their relationship with the deceased: _____) \$ _____
 Flowers..... \$ _____
 Honorariums for clergy and/or musicians..... \$ _____
 Death certificates..... \$ _____
 Memorial books and stationary..... \$ _____
 Obituary notice..... \$ _____
 Other _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Total \$ _____

SECTION D - MINISTRY USE ONLY - Note to EAW: - Please complete non-shaded areas. Attach supplier's **original** numbered invoice (not a photocopy) to the **original** of this form (not a photocopy) and submit for payment to **FASB Vancouver, P.O. Box 5051 STN MAIN, Vancouver, BC V6B 5E7**. Place photocopies of the billing form and supplier's invoice on the client file or the Employment and Assistance Office Burials (ARCs) file.

Cost Recovery: It is essential that cost recovery is initiated by the EAW whenever possible.
 Have cost recovery procedures been initiated? YES NO
 If no, why not? _____

Client's GA number/Case Number (if applicable) _____ Client's S.I.N. Number _____

Notes _____ Invoice # _____ Date Signed (YYYY MMM DD) _____

Supplier Code	Amount	Client Code	Resp Code	Service Line
STOB	Project	Loc.	Fut.	

Qualified Receiver Signature _____ Print Name _____ Date (YYYY MMM DD) _____
 Expense Authority Signature _____ Print Name _____ Date (YYYY MMM DD) _____