



SR Number:

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 Poverty Reduction for services relating to the late: Name of Deceased		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)	
<ul style="list-style-type: none"> 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)	
<ul style="list-style-type: none"> 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 frieght.....\$ _____
	Plus cost for oversize remains.....\$ _____
Maximum Allowance	Total.....\$ _____



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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 _____	\$	_____
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.

Have cost recovery procedures been initiated? <input type="checkbox"/> YES <input type="checkbox"/> 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
STOB	Project	Loc.	Fut.
Qualified Receiver Signature		Print Name	Date (YYYY MMM DD)
Expense Authority Signature		Print Name	Date (YYYY MMM DD)