



## BILLETING INVOICE FOR HOST FAMILY REFERRAL FORM MUST BE ATTACHED

As a host providing accommodation during a disaster, you may be compensated for the additional expenses you may have incurred. Complete this invoice and attach it to the white copy of the Referral form. **MAIL the ORIGINAL Billet Invoice and the Referral Form** to the address indicated on the bottom of the Referral form. Please allow 6-8 weeks for payment. *Please keep a photocopy for your personal records.*

Date: \_\_\_\_\_ Task # \_\_\_\_\_ Referral # \_\_\_\_\_  
*(Information numbers on the Referral Form)*

Name of Supplier/Host Family: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Family Representative/Evacuee: *(same name as appears on the ESS Referral form):*  
\_\_\_\_\_

Mailing Address of Evacuee: \_\_\_\_\_

Contact Phone # of Evacuee: \_\_\_\_\_

**Date of Accommodation provided:**

Date of 1<sup>st</sup> Night: \_\_\_\_\_ Date of last Night: \_\_\_\_\_ Total Nights: \_\_\_\_\_

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

Accommodation provided for #:        \_\_\_\_\_ Adults/youth (13 and older)  
   \_\_\_\_\_ Children 12 years and under

Number of Evacuee's	RATE (office use only)	X's # of Nights Stayed	= TOTAL \$
ONE	<b>\$30</b> for first adult		
	<b>\$10.00</b> each additional adult/youth		
	<b>\$ 5.00</b> for each child 12 and under		
		<b>TOTAL</b>	<b>\$</b>

Name of Supplier/Host Family: *(Please print)* \_\_\_\_\_

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

**PLEASE MAIL ORIGINAL BILLET INVOICE AND REFERRAL FORMS**  
**(Address on the bottom of the Referral Form)**