

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)* _____

Phone Number: *(your phone #)* _____

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

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