INVOICE FOR SERVICES OR REIMBURSEMENT

Make cheque payable to:

(First name Last name)

INVOICE TO:

MINISTRY OF CHILDREN & FAMILY DEVELOPMENT

ADDRESS:

OFFICE ADDRESS:

Payee Signature:

(signature)

Date of Service/ Receipt /Mileage (Use YYYY-MMM-DD)	Description of Items Purchased / Services Provided / Mileage (attach mileage log)	Child(ren) or Family Name	Cost per unit	Number of units	TOTAL

Please attach Original receipts / invoices / mileage log and proof of payment to this invoice

Grand Total: $ -

TO BE COMPLETED BY MCFD OFFICE

INVOICE NUMBER:

INVOICE DATE:

(Use YYYY-MMM-DD)

RE Number:

File Number:

QUALIFIED RECEIVER CERTIFICATION: THE GOODS PROVIDED OR SERVICES DELIVERED HAVE BEEN INSPECTED OR REVIEWED AND THE GOODS OR SERVICES WERE PROPERLY RECEIVED AND SUPPORTING DOCUMENTATION VERIFIED

QR Signature:

(signature)

QR Name:

(print name)

For any question, contact your MCFD Financial services team

INVOICE FOR SERVICES OR REIMBURSEMENT INSTRUCTIONS

To be completed by person seeking reimbursement of expenses.

- MAKE CHEQUE PAYABLE TO: First and last name of person seeking reimbursement
- ADDRESS: Address of person seeking reimbursement including city and postal code
- INVOICE TO: MCFD office address
- DATE OF SERVICE / RECEIPT/ MILEAGE: Date that goods or services were purchased or provided: year, month, and day.
- DESCRIPTION: A description of each item purchased or of the services provided
  For Example: Additional Childcare provided by another caregiver for a child; Prescription Medication; Mileage
- CHILD(REN) OR FAMILY NAME: Full name of child or family for whom goods or services were provided
- COST/UNIT: Use when a rate is charged per hour, day, or month
- NUMBER OF UNITS: For services enter the number of hours, days, or months of units
- TOTAL: For services, multiply the # of units x the cost per unit, and enter the total

For Goods, enter the total receipt amount.

Example:

Date of Service/Receipt	Description of Items Purchased	Child(ren) or Family Name	Cost/Unit**	# of Units	TOTAL
2022-OCT-13	Child Care	Suzy Child	$1.00	5	$5.00
2022-OCT-02	Prescription	Suzy Child			$1.73
2022-OCT-21	Mileage (see attached mileage log)	Suzy Child	$0.10/km	300	$3.00
**Note Cost/Unit amounts are example amounts only				**Grand Total:**	**$9.73**

Attach receipts and proof that the expenditure has been paid. Include name of children or family and description of items purchased or services received.

- Receipts for Service needs a signature from the service provider that payment for service was received.

FOR TO BE COMPLETED BY MCFD OFFICE SECTION

- INVOICE NUMBER: Follow standard invoice naming convention
- INVOICE DATE: For good or service, use the latest date (e.g., most current)
- FILE #: Use FS, CS or ICM number