

INVOICE

PASSPORT PROGRAM
 Community Services Coordination Network
 171 Queens Avenue, Suite 750
 London, Ontario N6A 5J7

TEL 519-438-4783 Toll Free TEL 1-877-480-2726
 FAX 519-518-2880 Toll Free FAX 1-855-801-9271
 E-Mail: Passport@cscn.on.ca

Parent/Guardian: _____ Individual Supported: _____

Phone Number: _____ County: _____

Date Submitted: _____ Period Covered: _____ To: _____
(Beginning Date) (End Date)

E-Mail Address: _____

Service Description	Time or KM's	Rate	Total Amount
INVOICE TOTAL			

INDIVIDUAL/PARENT/FAMILY GUARDIAN SIGNATURE *

_____ **By signing this invoice I acknowledge that:**

- I have not previously submitted the same claim
- The services described above have been provided
- Any worker included in this invoice is 18 years of age or older and not a primary caregiver
- All invoices submitted for Passport Funding are subject to audit
- Expenses claimed are in accordance with "2014 Passport Eligible Expenses"

*Authorized funding administrator or payee

CSCN will endeavor to process each invoice as quickly as possible. It may be 10 business days between submission of invoice and direct deposit into your bank account.