

**EVACUEE SUMMARY OF
SUPPORTS****purchaser****FOOD, GROCERIES****REFERRAL #: D1000001****VALID ONLY DATES**

From: April-02-2019 **at:** 6:00 PM
To: April-06-2019 **at:** 6:00 PM

GROCERIES DETAILS**3 Day(s) of Groceries****Total value of groceries: \$100.10 (incl. GST/PST)****SUPPLIER INFORMATION**

Supplier1
123 Random Street
RandomCity, BC
Phone: 604-321-1234 **V1V 4Z5**
Fax:

NOTES*Alcohol and tobacco are not eligible expenses.***FOOD, GROCERIES****REFERRAL #: D1000002****VALID ONLY DATES**

From: April-02-2019 **at:** 6:00 PM
To: April-06-2019 **at:** 6:00 PM

GROCERIES DETAILS**0 Day(s) of Groceries****Total value of groceries: \$100.10 (incl. GST/PST)****SUPPLIER INFORMATION**

Supplier1
123 Random Street
RandomCity, BC
Phone: 604-321-1234 **V1V 4Z5**
Fax:

NOTES*Alcohol and tobacco are not eligible expenses.***CLOTHING****REFERRAL #: D1000003****VALID ONLY DATES**

From: April-02-2019 **at:** 6:00 PM
To: April-06-2019 **at:** 6:00 PM

CLOTHING DETAILS

Total value: \$100.10 (incl. GST/PST) for all evacuees listed below.

SUPPLIER INFORMATION

Supplier2
123 Random Street
RandomCity, BC
Phone: 604-321-1234 **V1V 4Z5**
Fax:

NOTES

Clothing is provided as needed to preserve health and modesty and is not intended as permanent wardrobe replacement.

**EVACUEE SUMMARY OF
SUPPORTS****purchaser****INCIDENTALS****REFERRAL #: D1000004****VALID ONLY DATES**

From: April-02-2019 **at:** 6:00 PM
To: April-06-2019 **at:** 6:00 PM

INCIDENTALS DETAILS

some items that were approved

Total value: \$100.10 (incl. GST/PST)

SUPPLIER INFORMATION

Supplier2
123 Random Street
RandomCity, BC
Phone: 604-321-1234 **V1V 4Z5**
Fax:

INCIDENTALS DETAILS

Incidentals details go here. Incidentals details go here.
Incidentals details go here. Incidentals details go here.
Incidentals details go here. Incidentals details go here.
Incidentals details go here. Incidentals details go here.

Total value: (incl. GST/PST)

HOTEL/MOTEL**REFERRAL #: D1000005****VALID ONLY DATES**

From: April-02-2019 **at:** 6:00 PM
To: April-06-2019 **at:** 6:00 PM

HOTEL/MOTEL DETAILS

3 Night(s)
2 Room(s)

Only the cost of the room is covered. The evacuee is responsible for all other charges (e.g. movies, damages/theft, parking, phone calls, pet costs).

SUPPLIER INFORMATION

Supplier1
123 Random Street
RandomCity, BC
Phone: 604-321-1234 **V1V 4Z5**
Fax:

NOTES

Only the cost of the room is covered. The evacuee is responsible for all other charges (e.g. movies, damages/theft, parking, phone calls, pet costs).

GROUP LODGING**REFERRAL #: D1000006****VALID ONLY DATES**

From: April-02-2019 **at:** 6:00 PM
To: April-06-2019 **at:** 6:00 PM

GROUP LODGING DETAILS

3 Night(s)

SUPPLIER INFORMATION

Supplier1
123 Random Street
RandomCity, BC
Phone: 604-321-1234 **V1V 4Z5**
Fax:

NOTES

Proceed to the Group Lodging Facility as directed by Emergency Support Services.

**EVACUEE SUMMARY OF
SUPPORTS****purchaser****BILLETING****REFERRAL #: D1000007****VALID ONLY DATES**

From: April-02-2019 **at:** 6:00 PM
To: April-06-2019 **at:** 6:00 PM

BILLETING DETAILS

3 Night(s)

Only the cost of the room is covered.

Note: Please complete Billeting Invoice for the host family.

SUPPLIER INFORMATION

Supplier1
123 Random Street
RandomCity, BC
Phone: 604-321-1234 **V1V 4Z5**
Fax:

NOTES

Only the cost of the room is covered.

TAXI**REFERRAL #: D1000008****VALID ONLY DATES**

From: April-02-2019 **at:** 6:00 PM
To: April-06-2019 **at:** 6:00 PM

TAXI DETAILS

From: from addr
To: to addr

SUPPLIER INFORMATION

Supplier1
123 Random Street
RandomCity, BC
Phone: 604-321-1234 **V1V 4Z5**
Fax:

TRANSPORTATION**REFERRAL #: D1000009****VALID ONLY DATES**

From: April-02-2019 **at:** 6:00 PM
To: April-06-2019 **at:** 6:00 PM

TRANSPORTATION DETAILS

some means of transport

Total value: \$\$100.10 (incl. GST/PST)

SUPPLIER INFORMATION

Supplier1
123 Random Street
RandomCity, BC
Phone: 604-321-1234 **V1V 4Z5**
Fax:

PLACE STAMP HERE

REFERRAL #: D1000001**TASK #: 123456****ESS FILE #: 100036****SUPPLIER INFORMATION****Supplier1**

123 Random Street

RandomCity, BC

V1V 4Z5

Phone: 604-321-1234**Fax:****Send original referral form and itemized receipts to:**

Emergency Management BC
PO Box 9201, STN PROV GOVT
Victoria BC V8W 9J1
Telephone: 1-800-585-9559

- Services to meet immediate needs should be provided in the most cost-effective manner. Extra costs incurred by the evacuee beyond the approved items listed are the responsibility of the evacuee.
- Charges for goods and services, including all applicable taxes, must not exceed the Emergency Support Services rates.
- Alcohol and tobacco are not eligible expenses.

VALID ONLY DATES**From:** April-02-2019 **at:** 6:00 PM**To:** April-06-2019 **at:** 6:00 PMServices provided outside the time period will **not** be covered.**GROCERIES****3 Day(s) of Groceries****Total value of groceries:** \$\$100.10 (*incl. GST/PST*)**COMMENTS**

some comments

EVACUEE INFORMATION**At the request of the community/district of:** Queens Cove*Please provide the following goods and services in accordance with the Emergency Support Services Rates above, to the following person(s):***List of Evacuees:** F = Family Representative (adult) | A = Adult | C = Child**659, 659 (F)****bb, bb (A)****INVOICE CHECKLIST**

The following checklist is provided for your convenience to ensure your invoice documentation is complete and accurate prior to forwarding to Emergency Management BC (EMBC) for payment.

- | | |
|---|---|
| <input type="checkbox"/> Original copy of Referral form received from Evacuee. | <input type="checkbox"/> Goods or services rendered only to those people listed on the Referral. |
| <input type="checkbox"/> An itemized bill for each meal must be included with your invoice. | <input type="checkbox"/> Goods or services rendered are eligible items as listed on the Referral. |
| <input type="checkbox"/> Invoice includes supplier's name and address. | <input type="checkbox"/> Any exceptions have been authorized by Emergency Management BC & documented. |
| <input type="checkbox"/> Write referral # on upper right hand corner of all invoices & documents. | <input type="checkbox"/> Make copies of invoices and receipts for your records. |

Signature of Family Representative: **Interviewer's First Name & Initial of Last Name (please print):****Date:**
May-24-2019

PLACE STAMP HERE

REFERRAL #: D1000002**TASK #: 123456****ESS FILE #: 100036****SUPPLIER INFORMATION****Supplier1**

123 Random Street

RandomCity, BC

V1V 4Z5

Phone: 604-321-1234**Fax:****Send original referral form and itemized receipts to:**

Emergency Management BC
PO Box 9201, STN PROV GOVT
Victoria BC V8W 9J1
Telephone: 1-800-585-9559

- Services to meet immediate needs should be provided in the most cost-effective manner. Extra costs incurred by the evacuee beyond the approved items listed are the responsibility of the evacuee.
- Charges for goods and services, including all applicable taxes, must not exceed the Emergency Support Services rates.
- Alcohol and tobacco are not eligible expenses.

VALID ONLY DATES**From:** April-02-2019 **at:** 6:00 PM**To:** April-06-2019 **at:** 6:00 PMServices provided outside the time period will **not** be covered.**GROCERIES****0 Day(s) of Groceries****Total value of groceries:** \$\$100.10 (incl. GST/PST)**COMMENTS**

some comments

EVACUEE INFORMATION**At the request of the community/district of:** Queens Cove*Please provide the following goods and services in accordance with the Emergency Support Services Rates above, to the following person(s):***List of Evacuees:** F = Family Representative (adult) | A = Adult | C = Child**659, 659 (F)****bb, bb (A)****INVOICE CHECKLIST**

The following checklist is provided for your convenience to ensure your invoice documentation is complete and accurate prior to forwarding to Emergency Management BC (EMBC) for payment.

- | | |
|---|---|
| <input type="checkbox"/> Original copy of Referral form received from Evacuee. | <input type="checkbox"/> Goods or services rendered only to those people listed on the Referral. |
| <input type="checkbox"/> An itemized bill for each meal must be included with your invoice. | <input type="checkbox"/> Goods or services rendered are eligible items as listed on the Referral. |
| <input type="checkbox"/> Invoice includes supplier's name and address. | <input type="checkbox"/> Any exceptions have been authorized by Emergency Management BC & documented. |
| <input type="checkbox"/> Write referral # on upper right hand corner of all invoices & documents. | <input type="checkbox"/> Make copies of invoices and receipts for your records. |

Signature of Family Representative: **Interviewer's First Name & Initial of Last Name (please print):****Date:**
May-24-2019

PLACE STAMP HERE

REFERRAL #: D1000003**TASK #: 123456****ESS FILE #: 100036****SUPPLIER INFORMATION****Supplier2**

123 Random Street

RandomCity, BC

V1V 4Z5

Phone: 604-321-1234**Fax:****Send original referral form and itemized receipts to:**

Emergency Management BC
PO Box 9201, STN PROV GOVT
Victoria BC V8W 9J1
Telephone: 1-800-585-9559

- Services to meet immediate needs should be provided in the most cost-effective manner. Extra costs incurred by the evacuee beyond the approved items listed are the responsibility of the evacuee.
- Charges for goods and services, including all applicable taxes, **must not exceed** the Emergency Support Services rates.
- Clothing is provided as needed to preserve health and modesty and is not intended as permanent wardrobe replacement.
- Clothing may include footwear or special needs items such as baby diapers.

EVACUEE INFORMATION**At the request of the community/district of:** Queens Cove*Please provide the following goods and services in accordance with the Emergency Support Services Rates above, to the following person(s):***List of Evacuees:** F = Family Representative (adult) | A = Adult | C = Child**659, 659 (F)****bb, bb (A)****INVOICE CHECKLIST**

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- | | |
|---|---|
| <input type="checkbox"/> Original copy of Referral form received from Evacuee. | <input type="checkbox"/> Goods or services rendered only to those people listed on the Referral. |
| <input type="checkbox"/> Invoice includes supplier's name and address. | <input type="checkbox"/> Goods or services rendered are eligible items as listed on the Referral. |
| <input type="checkbox"/> An itemized receipt must be included with your invoice. | <input type="checkbox"/> Any exceptions have been authorized by Emergency Management BC & documented. |
| <input type="checkbox"/> Write referral # on upper right hand corner of all invoices & documents. | <input type="checkbox"/> Make copies of invoices and receipts for your records. |

VALID ONLY DATES**From:** April-02-2019 **at:** 6:00 PM**To:** April-06-2019 **at:** 6:00 PMServices provided outside the time period will **not** be covered.**CLOTHING****Total value:** \$\$100.10 (incl. GST/PST) for all evacuees listed below.**COMMENTS**

some comments

Signature of Family Representative: Interviewer's First Name & Initial of Last Name (please print):**Date:**
May-24-2019

PLACE STAMP HERE

REFERRAL #: D1000004**TASK #: 123456****ESS FILE #: 100036****SUPPLIER INFORMATION****Supplier2**

123 Random Street

RandomCity, BC

V1V 4Z5

Phone: 604-321-1234**Fax:****Send original referral form and itemized receipts to:**

Emergency Management BC
PO Box 9201, STN PROV GOVT
Victoria BC V8W 9J1
Telephone: 1-800-585-9559

- Services to meet immediate needs should be provided in the most cost-effective manner. Extra costs incurred by the evacuee beyond the approved items listed are the responsibility of the evacuee.
- Charges for goods and services, including all applicable taxes, **must not exceed** the Emergency Support Services rates.
- May include miscellaneous items such as personal hygiene products, laundry supplies, pet food and lodging, and other immediate needs as required.

EVACUEE INFORMATION**At the request of the community/district of:** Queens Cove*Please provide the following goods and services in accordance with the Emergency Support Services Rates above, to the following person(s):***List of Evacuees:** F = Family Representative (adult) | A = Adult | C = Child**659, 659 (F)****bb, bb (A)****INVOICE CHECKLIST**

The following checklist is provided for your convenience to ensure your invoice documentation is complete and accurate prior to forwarding to Emergency Management BC (EMBC) for payment.

- | | |
|---|---|
| <input type="checkbox"/> Original copy of Referral form received from Evacuee. | <input type="checkbox"/> Goods or services rendered only to those people listed on the Referral. |
| <input type="checkbox"/> An itemized bill for each meal must be included with your invoice. | <input type="checkbox"/> Goods or services rendered are eligible items as listed on the Referral. |
| <input type="checkbox"/> Invoice includes supplier's name and address. | <input type="checkbox"/> Any exceptions have been authorized by Emergency Management BC & documented. |
| <input type="checkbox"/> Write referral # on upper right hand corner of all invoices & documents. | <input type="checkbox"/> Make copies of invoices and receipts for your records. |

VALID ONLY DATES**From:** April-02-2019 **at:** 6:00 PM**To:** April-06-2019 **at:** 6:00 PMServices provided outside the time period will **not** be covered.**INCIDENTALS**

some items that were approved

Total value: \$\$100.10 (incl. GST/PST)**COMMENTS**

some comments

Signature of Family Representative: **Interviewer's First Name & Initial of Last Name (please print):****Date:**
May-24-2019

PLACE STAMP HERE

REFERRAL #: D1000005**TASK #: 123456****ESS FILE #: 100036****SUPPLIER INFORMATION****Supplier1**

123 Random Street

RandomCity, BC

V1V 4Z5

Phone: 604-321-1234**Fax:****Send original referral form and itemized receipts to:**

Emergency Management BC
PO Box 9201, STN PROV GOVT
Victoria BC V8W 9J1
Telephone: 1-800-585-9559

- Services to meet immediate needs should be provided in the most cost-effective manner. Extra costs incurred by the evacuee beyond the approved items listed are the responsibility of the evacuee.
- Emergency Support Services is eligible for approved Provincial Government Rates from commercial accommodations suppliers listed in the Ministry of Labour and Citizens' Services Business Travel Accommodation Listings for government travel.
- If the evacuee can bill meals to their room, ensure the restaurant is aware of the meal allowances and restrictions. Itemized bills for meals provided must be included with the invoice.

VALID ONLY DATES**From:** April-02-2019 **at:** 6:00 PM**To:** April-06-2019 **at:** 6:00 PMServices provided outside the time period will **not** be covered.**HOTEL/MOTEL****3 Night(s)****2 Room(s)**

Only the cost of the room is covered. The evacuee is responsible for all other charges (e.g. movies, damages/theft, parking, phone calls, pet costs).

COMMENTS

some comments

EVACUEE INFORMATION**At the request of the community/district of:** Queens Cove*Please provide the following goods and services in accordance with the Emergency Support Services Rates above, to the following person(s):***List of Evacuees:** F = Family Representative (adult) | A = Adult | C = Child**659, 659 (F)****bb, bb (A)****INVOICE CHECKLIST**

The following checklist is provided for your convenience to ensure your invoice documentation is complete and accurate prior to forwarding to Emergency Management BC (EMBC) for payment.

- | | |
|---|---|
| <input type="checkbox"/> Original copy of Referral form received from Evacuee. | <input type="checkbox"/> Goods or services rendered only to those people listed on the Referral. |
| <input type="checkbox"/> Invoice includes supplier's name and address. | <input type="checkbox"/> Goods or services rendered are eligible items as listed on the Referral. |
| <input type="checkbox"/> Invoice includes itemized amounts for each night. | <input type="checkbox"/> Any exceptions have been authorized by Emergency Management BC & documented. |
| <input type="checkbox"/> Write referral # on upper right hand corner of all invoices & documents. | <input type="checkbox"/> Make copies of invoices and receipts for your records. |

Signature of Family Representative: **Interviewer's First Name & Initial of Last Name (please print):****Date:**
May-24-2019



PLACE STAMP HERE

REFERRAL #: D1000006

TASK #: 123456

ESS FILE #: 100036

SUPPLIER INFORMATION

Supplier1

123 Random Street

RandomCity, BC

V1V 4Z5

Phone: 604-321-1234

Fax:

Send original referral form and itemized receipts to:

Emergency Management BC

PO Box 9201, STN PROV GOVT

Victoria BC V8W 9J1

Telephone: 1-800-585-9559

**Proceed to the Group Lodging Facility as directed by
Emergency Support Services**

VALID ONLY DATES

From: April-02-2019 **at:** 6:00 PM

To: April-06-2019 **at:** 6:00 PM

Services provided outside the time period will **not** be covered.

GROUP LODGING

3 Night(s)

COMMENTS

some comments

EVACUEE INFORMATION

At the request of the community/district of: Queens Cove

Please provide the following goods and services in accordance with the Emergency Support Services Rates above, to the following person(s):

List of Evacuees: F = Family Representative (adult) | A = Adult | C = Child

659, 659 (F)

bb, bb (A)

Signature of Family Representative:

Interviewer's First Name & Initial of Last Name (please print):

Date:
May-24-2019

PLACE STAMP HERE

REFERRAL #: D1000007**TASK #: 123456****ESS FILE #: 100036****SUPPLIER INFORMATION****Supplier1**

123 Random Street

RandomCity, BC

V1V 4Z5

Phone: 604-321-1234**Fax:****Send original referral form and itemized receipts to:**

Emergency Management BC
PO Box 9201, STN PROV GOVT
Victoria BC V8W 9J1
Telephone: 1-800-585-9559

- Services to meet immediate needs should be provided in the most cost-effective manner. Extra costs incurred by the evacuee beyond the approved items listed are the responsibility of the evacuee.
- Charges for goods & services, including all applicable taxes, **must not exceed** the Emergency Support Services rates.

VALID ONLY DATES**From:** April-02-2019 **at:** 6:00 PM**To:** April-06-2019 **at:** 6:00 PMServices provided outside the time period will **not** be covered.**BILLETING****3 Night(s)****Only the cost of the room is covered.***Note: Please complete Billeting Invoice for the host family.***COMMENTS**

some comments

EVACUEE INFORMATION**At the request of the community/district of:** Queens Cove*Please provide the following goods and services in accordance with the Emergency Support Services Rates above, to the following person(s):***List of Evacuees:** F = Family Representative (adult) | A = Adult | C = Child**659, 659 (F)****bb, bb (A)****INVOICE CHECKLIST**

The following checklist is provided for your convenience to ensure your invoice documentation is complete and accurate prior to forwarding to Emergency Management BC (EMBC) for payment.

- | | |
|---|---|
| <input type="checkbox"/> Original copy of Referral form received from Evacuee. | <input type="checkbox"/> Goods or services rendered only to those people listed on the Referral. |
| <input type="checkbox"/> Signed original copy of Billeting Invoice For Host Family. | <input type="checkbox"/> Any exceptions have been authorized by Emergency Management BC & documented. |
| <input type="checkbox"/> Write referral # on upper right hand corner of all invoices & documents. | <input type="checkbox"/> Make copies of Referral Form and Billeting Invoice for your records. |

Signature of Family Representative: **Interviewer's First Name & Initial of Last Name (please print):****Date:**
May-24-2019

PLACE STAMP HERE

REFERRAL #: D1000008**TASK #: 123456****ESS FILE #: 100036****SUPPLIER INFORMATION****Supplier1**

123 Random Street

RandomCity, BC

V1V 4Z5

Phone: 604-321-1234**Fax:****Send original referral form and itemized receipts to:**

Emergency Management BC
PO Box 9201, STN PROV GOVT
Victoria BC V8W 9J1
Telephone: 1-800-585-9559

- Services to meet immediate needs should be provided in the most cost-effective manner. Extra costs incurred by the evacuee beyond the approved items listed are the responsibility of the evacuee.
- Gratuities are not eligible expenses.
- Charges for goods & services, including all applicable taxes, **must not exceed** the Emergency Support Services rates.
- Transportation is only approved as necessary to meet immediate needs and is not for recreation or non-essential purposes.

VALID ONLY DATES**From:** April-02-2019 **at:** 6:00 PM**To:** April-06-2019 **at:** 6:00 PMServices provided outside the time period will **not** be covered.**TAXI****From:** from addr**To:** to addr**COMMENTS**

some comments

EVACUEE INFORMATION**At the request of the community/district of:** Queens Cove*Please provide the following goods and services in accordance with the Emergency Support Services Rates above, to the following person(s):***List of Evacuees:** F = Family Representative (adult) | A = Adult | C = Child**659, 659 (F)****bb, bb (A)****INVOICE CHECKLIST**

The following checklist is provided for your convenience to ensure your invoice documentation is complete and accurate prior to forwarding to Emergency Management BC (EMBC) for payment.

- | | |
|---|---|
| <input type="checkbox"/> Original copy of Referral form received from Evacuee. | <input type="checkbox"/> When submitting multiple referrals on one invoice, itemize each referral separately. |
| <input type="checkbox"/> Invoice includes supplier's name and address. | <input type="checkbox"/> Goods or services rendered only to those people listed on the Referral. |
| <input type="checkbox"/> An itemized receipt from the driver must be included with your invoice. | <input type="checkbox"/> Goods or services rendered are eligible items as listed on the Referral. |
| <input type="checkbox"/> Write referral # on upper right hand corner of all invoices & documents. | <input type="checkbox"/> Any exceptions have been authorized by Emergency Management BC & documented. |
| <input type="checkbox"/> Make copies of invoices and receipts for your records. | |

Signature of Family Representative: **Interviewer's First Name & Initial of Last Name (please print):****Date:**
May-24-2019

PLACE STAMP HERE

REFERRAL #: D1000009**TASK #: 123456****ESS FILE #: 100036****SUPPLIER INFORMATION****Supplier1**

123 Random Street

RandomCity, BC

V1V 4Z5

Phone: 604-321-1234**Fax:****Send original referral form and itemized receipts to:**

Emergency Management BC
PO Box 9201, STN PROV GOVT
Victoria BC V8W 9J1
Telephone: 1-800-585-9559

- Services to meet immediate needs should be provided in the most cost-effective manner. Extra costs incurred by the evacuee beyond the approved items listed are the responsibility of the evacuee.
- Gratuities are **not** eligible expenses.
- Charges for goods & services, including all applicable taxes, **must not exceed** the Emergency Support Services rates.
- Transportation is only approved as necessary to meet immediate needs and is not for recreation or non-essential purposes

EVACUEE INFORMATION**At the request of the community/district of:** Queens Cove*Please provide the following goods and services in accordance with the Emergency Support Services Rates above, to the following person(s):***List of Evacuees:** F = Family Representative (adult) | A = Adult | C = Child**659, 659 (F)****bb, bb (A)****INVOICE CHECKLIST**

The following checklist is provided for your convenience to ensure your invoice documentation is complete and accurate prior to forwarding to Emergency Management BC (EMBC) for payment.

VALID ONLY DATES**From:** April-02-2019 **at:** 6:00 PM**To:** April-06-2019 **at:** 6:00 PMServices provided outside the time period will **not** be covered.**TRANSPORTATION**

some means of transport

Total value: \$\$100.10 (incl. GST/PST)**COMMENTS**

some comments

Signature of Family Representative: Interviewer's First Name & Initial of Last Name (please print):**Date:**
May-24-2019