

XYZ Agency  
123, Cedar RD  
Abbotsford, BC, ### ###

Vendor# (If Known): #####

# XYZ Agency Invoice

To:

Date:

Invoice #:

DESCRIPTION	AMOUNT
Pandemic Pay Claim, calculated as per the attachment	\$ 680.00
GST (Check if applicable) <input checked="" type="checkbox"/>	\$ 34.00
GST Registration # ##### RT0001	
<b>TOTAL</b>	<b>\$ 714.00</b>

## Certification:

I certify that I am authorized by (Legal Name of Organisation) to provide the information attached in this invoice and that the information is true, complete and correct. I further certify that I am authorized by (Legal Name of Organisation) to provide the understandings and acknowledgements provided herein.

I understand and acknowledge that the information provided in this invoice and in the supporting documentation is being disclosed by us and being collected by Her Majesty the Queen in Right of the Province British Columbia (the "Province") in order to authorize and certify payment to certain individuals entitled to received a supplement to their pay on account of the provincial Covid 19 health emergency, as described in our correspondence dated xxxx/2020 to your organization.

I further understand that (Legal Name of Organisation) will retain any and all records supporting this invoice, and that all of those records are subject to audit by the Province at any time, and that if any discrepancies arise, the organization will be required to return any funds it was not eligible to receive, or did not use or disburse appropriately, to the Province, at the time of the Province's request that it do so."

Name (Print)

Position within organization

Authorized Signature

Date (YYYY/MM/DD)

**Pandemic Pay Claim**

Vendor Name (Legal Name):	XYZ Agency	Total Organisation Funding	
Vendor Number (If Known)	#####	(Must include non-provincial funding)	
Date YYYY-MM-DD:			

**Check all funding/contracting organisations that apply**

- |                                                         |                          |                                      |                          |
|---------------------------------------------------------|--------------------------|--------------------------------------|--------------------------|
| Public Safety and Solicitor General                     | <input type="checkbox"/> | Fraser Health Authority              | <input type="checkbox"/> |
| Ministry of Health                                      | <input type="checkbox"/> | Interior Health Authority            | <input type="checkbox"/> |
| Ministry of Finance                                     | <input type="checkbox"/> | Northern Health Authority            | <input type="checkbox"/> |
| Ministry of Jobs, Economic Development, Competitiveness | <input type="checkbox"/> | Vancouver Coastal Health Authority   | <input type="checkbox"/> |
| Community Living BC                                     | <input type="checkbox"/> | Island Health Authority              | <input type="checkbox"/> |
| Ministry of Children and Family Development             | <input type="checkbox"/> | BC Housing Organisation              | <input type="checkbox"/> |
| Ministry of Social Development and Poverty Reduction    | <input type="checkbox"/> | Provincial Health Authority Services | <input type="checkbox"/> |

Vendor ID Number For Office Use Only

Claim ID Number For Office Use Only

Claim Amount \$680.00  
 GST Amount \$34.00  
 Total Invoice Amount \$714.00

Line #	Number of affected Employees	Role	Programs (separated by forward slashes)	Total straight time hours worked	Amount claimed \$4 per hour, (\$)
1	12	Registered Nurse	CYMH/CYSN/Personalized Supports/Communication Assistance for Youth and Adults	80.0	\$320.00
2	20	Health System-Housekeepers	Hospital/MCFD Residential Agency	90.0	\$360.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
11					\$0.00
12					\$0.00
13					\$0.00
14					\$0.00
15					\$0.00
16					\$0.00
17					\$0.00
18					\$0.00
19					\$0.00
20					\$0.00
21					\$0.00
22					\$0.00
23					\$0.00
24					\$0.00
25					\$0.00
26					\$0.00
27					\$0.00
28					\$0.00
29					\$0.00
30					\$0.00
31					\$0.00
<b>Total</b>					<b>\$680.00</b>

Sample

## Sample Instructions for Claim Form Completion

***Note: All claims MUST BE SUBMITTED to a common email address that will be provided in mid-September along with the claim and invoice form excel template for completion by service providers.***

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### ***Invoice Template Tab***

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As the Invoice Template Tab is directly linked to the Pandemic Pay Claim Form, enter the following information only:

1. Enter the information pertaining to the service provider/agency/employer:
    - a. Full legal name of the organization, address, and the vendor number (if known) in the top right column
  2. Enter the following details pertaining to the invoice:
    - a. Date of invoice
    - b. Invoice number
    - c. GST registration number (if any)
  3. Enter the details of the individual in the organization responsible for preparing the Pandemic Pay Claim Form:
    - a. Full Name (print)
    - b. Position within organization
    - c. Signature
    - d. Date signed
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### ***Standardized Pandemic Claim Pay Form***

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Enter the following general information in the standardized Pandemic Pay Claim Form:

- a. Full legal name of the organization
- b. Vendor number (if known)
- c. Date of the claim
- d. In order to validate the claim, the organization's total estimated funding from all sources for the current fiscal year is required, including provincial and non-provincial sources. This amount should match to the total estimated income/revenues for the current fiscal year.

Enter the following information that corresponds to specific details of all the eligible employees that worked straight-time hours during the 16-week period of March 15 to July 4, 2020, as follows:

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- a. Enter the row number of the claim item
- b. Enter the total number of eligible employees working during the above stated period
- c. Select from the dropdown box in the excel claim form, a specific role of the employees that best describe their roles in your organization
- d. Enter the name of the eligible program and the employees working during the period
- e. Enter total straight-time hours worked by these employees during the period. (Please see FAQ section for more details).

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*Be prepared to enter the information outlined above in the online Claim and Invoice Form by mid-September*

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SAMPLE