Emergency Support Services  Billeting Invoice for Host Family

***REFERRAL FORM MUST BE ATTACHED***

As a host providing accommodation during a disaster, you may be compensated for the additional expenses you may have incurred. Complete this invoice and attach it to the Referral Form provided to you by the Family Representative that you are hosting. **EMAIL** a pdf (including both forms) to [ESSFinanceinquiries@gov.bc.ca](mailto:ESSFinanceinquiries@gov.bc.ca) or **MAIL** originalsto Emergency Management BC, PO Box 9201, STN PROV GOVT, Victoria BC, B8W 9J1. Allow 6-8 weeks for payment. ***Please keep a photocopy for your personal records.***

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| Date: |  | | Task #: | |  | | | | Referral #: | | |  | | |
|  | | | | | | | | | | | | | | |
| **Name of Supplier/Host Family***:* | | |  | | | | | | | | | | | |
| Host Family Mailing Address: | | |  | | | | | | | | | | | |
| City: | | |  | | | | | Postal Code: | | | | |  | |
| Phone Number: | | |  | | | | | Alternate Number: | | | | |  | |
| Email Address: | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Name of Family Representative**/**Evacuee**: | | | | | |  | | | | | | | | |
| Mailing Address of Evacuee: | | |  | | | | | | | | | | | |
| City: | | |  | | | | | Postal Code: | | | | |  | |
| Contact Phone # of Evacuee: | | |  | | | | | Alternate Number: | | | | |  | |
| Email Address: | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Date of Accommodation Provided** | | | |  | | | | | | | | | | |
| Date of 1st Night: | |  | | | Departure Date: | |  | | | | Total Nights: | | |  |
| Accommodation provided for: | | | # of Adults/youth (13 & older) | | | | | | |  | | | | |
| **Write date (e.g.: July 9, 2020) and numbers (One, Two) in full.** | | | # of Children 12 years & under | | | | | | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMBC Office Use Only** | | | | |
| # of Evacuee’s | RATE (office use only) | | X’s # of Nights Stayed | **=** TOTAL $ |
|  | **$30.00** | for first adult |  |  |
|  | **$10.00** |  |  |  |
|  | **$ 5.00** | for each child 12 and under |  |  |
| Write numbers in full(e.g.: One, Two)  **TOTAL** | | | |  |

|  |  |
| --- | --- |
| Name of Supplier/Host Family: *(****Please print****)* | **Signature:** |
|  |  |

Ensure all information on this Billet Invoice is completed. Billeting Invoice form is only valid for the dates identified on the Referral Form. A separate Billeting Invoice Form is required for each Referral Form.