

Invoice

Revenue Services

1795 Willingdon Avenue Burnaby, B.C. VSC 6E3

Fax: 604-297-9306

OFFICE OF THE SENIOR'S ADVOCATE ATTN: BRUCE RONAYNE C/O BC MINISTRY OF HEALTH 1ST FLOOR, 1515 BLANSHARD STREET PO BOX 9651, STN PROV GOVT VICTORIA, BC V8W 9P4

Office of the Seniors Advocate

JUN 2 9 2017

Received

Invoice Date:

15/06/2017

invaice #:

IN001611905

Terms:

Due Upon Receipt

Invoice Description

RECOVERY FOR EXPENSES FOR THE OFFICE OF THE SENIORS ADVOCATE

Comments

<u>Amount</u>

EXPENSES FOR APRIL 21- MAY 18, 2017 - AS PER ATTACHED.

18,535,66

Please direct enquiries to BCCSS Revenue Services at 604-297-8512 or email to patientbilling@hssbc.ca

Total:

18,535.66

Please return this portion or quote Customer Number and Invoice Number with your payment. Receipts are issued only upon request:

<u>Make cheques payable to Providence Health Care</u> - ATTN: Revenue Services at 1795 Willingdon Ave., Burnaby, B.C. VSC 6E3 **NOTE**: Credit card payments are limited to a maximum of \$1,000.00

Invoice #

IN001611905

Customer#

OSAPHC

Balance;

18,535.66

BC Clinical and	Support Se			Accounts Rece 1795 Willingdon / Burnaby, BC V50 Phone (604) 297- Fax (604) 297-93	0 6E3 8512	
		SALES /SER	VICES INVOICE F	REQUEST FO	ORM_	
•	Providence				astal Health Authority	
	BCCSS			·	Ith Service Authority	
				•	•	
REQUESTOR:				Date	20-Jun-17	
Requested By	Cindy Conver	у		Agency	PHC	
Phone#	604-806-9962			Department	Finance	·· ·
INVOICE INFORM	TATION:		······································			
Customer Name:	Samuel Community of the	Office of the Senior	's Advocate	PO /Contract	Reference	
Oustomer Name:		Olline of the Oction	O 1 10 VOLCE	(attach copies)		
Billing Address	7	c/a BC Ministry.of F	fealth	Date of sales	/services	
	/	1st Floor, 1515 Blan				
	1	PO BOX 9651, STN		Currency		CADX_ UŞD
		Victoria, BC V8W 9		_ Customer Nu	ımber	
Attention To:		Bruce Ronayne, Ex	ecutive Director	_		
Phone#/ e-mail	•			_		
Quantity		Description		-	Unit Price	Total
	Expenses to	ir April 21 to May 18,	2017		\$18,535.66	
Commention Section	nanta attacha	d Van No			Sub Total	\$18,535.66
* PST 7% ellective Ap		d - Yes No	_		*PST 7%	
* GST 5% effective A					*GST 5%	
GL CODING:					INVOICE TOTAL	\$18,535.66
Business Unit	Fund	Account	Department	Site	Project	Amount _
20010	01	s.17	71106096	400		18,535.66
20010	01	4	71106096	400		
Approved by	Ar	proved by Lena Cuth	rbertson via email	<u> </u>		
	Departmen	t Manager/Director		_		
Please Print Name	: Lena Cutht	ertson		···	INVOICE TOTAL	1.8,535.66

18,535.66

REGIONAL SERVICES FUNDING LETTER 2016/17 FUNDING ISSUE DOCUMENT (FID)

,						
FUNDING ISSUE T						
Office of the Senior	s Advocate - Resi	dential Care Satis	sfaction Survey			
BRIEF DESCRIPTI	ON:					
BC Patient Centred to deliver the Resid	Measurement Wo ential Care Satisfa	orking Group (BC) action Survey for t	PCMWG) via Pro the Office of the \$	ovidence Health will I Seniors Advocate.	oe working with a	contractor (TBD)
EFFECTIVE DATE:						
FUNDING:	Retro	One Time	urrent Year - 20 Base	16/17 Total Current	2017/18 Amount	2018/19 Amount
Fraser				_		
Interior				_		
Nisga'a	,			-		
Northern		1		-		
Van. Coastal		. 511,182.01	•	511,182.01		
Vanc. Island	***************************************			_		
PHSA				***************************************		
TOTAL	\$ -	511,182.01	,	511,182.01	\$	\$ -
026.66139.44225.6	001.6600000.000	000.0000	:NCE: (Attach appro	oved spending plan &/ bu	dget transfer identifyir	g source of funds.)
SUPPORTING DOC	CUMENTATION (F	Please Attach):		YES X		N/A
See attached						
FUNDING LETTER	NARRATIVE:					
(BCPCMWG) to del	liver the Residentianticipated to be co	al Care Sector Su mplete by end of	rvey for the Offic day March 31, 20	by BC Patient Centrie of the Seniors Adv 017. Invoices are to as possible.	ocate. This amo	unt represents
RESTRICTED:	Yes	No X	CAPITAL RELA	TED:	Yes	No X
CONTACT NAME, PO EMAIL:	OSITION, BRANCH,	PHONE # &	Penny Cox, Bud Telephone: 250 Email: <u>penny.co</u>		unting Operations	
SUBMITTED BY:			APPROVAL TO	FUND:		
Реппу Сох						
				DATE APPROVED:		
						· · · ·



ATTN: BRUCE RONAYNE

VICTORIA, BC V8W 9P4

C/O BC MINISTRY OF HEALTH 1ST FLOOR, 1515 BLANSHARD STREET

PO BOX 9651, STN PROV GOVT

Invoice

Revenue Services

1795 Willingdon Avenue Burnaby, B.C. V5C 6E3 Fax: 604-297-9306

Invoice Date:

17/03/2017

Invoice 8:

IN001610951

Terms:

Due Upon Receipt

Invoice Description

Comments

Amount

WAGES & BENEFITS

Recovery for Expenses for the Office of the Seniors Advocate's Residential Care Sector Survey for P1712 (January 27 - February 23, 2017) 41,791.00

EXPENSES

10,788.63

Please direct enquiries to BCCSS Revenue Services at 604-297-8512 or email to patientbilling@hssbc.ca

Total:

52,579.83

Please return this portion or quote Customer Number and Invoice Number with your payment. Receipts are issued only upon request.

<u>Make cheques payable to Providence Health Care</u> - ATTN: Revenue Services at 1795 Willingdon Ave., Burnaby, B.C. V5C 6E3 **NOTE**: Credit card payments are limited to a maximum of \$1,000.00

Invoice #

IN001610951

Customer#

OSAPHO

Balance:

52,579.83



VICTORIA, BC V8W 9P4

Invoice

Revenue Scrvices

1795 Willingdon Avenue Burnaby, B.C. V5C 6E3

Fax: 604-297-9306

ATTN: BRUCE RONAYNE C/O BC MINISTRY OF HEALTH 1ST FLOOR, 1515 BLANSHARD STREET PO BOX 9651, STN PROV GOVT

Invoice #:

31/03/2017

Invoice Date:

IN001611117

Terms:

Dua Upan Recaipt

Invoice Description	Comments	
		<u>Amount</u>
WAGES AND BENEFITS MARCH 24-31, 2017	Recovery for expenses for the Office of the Seniors Advocate's residential Care Sector Survey	17,132.49
EXPENSES		1,807,13

Please direct enquiries to BCCSS Revenue Services at 604-297-8512 or small to patientbilling@hssbc.ca

Total;

18,939.62

Please return this portion or quote Customer Number and Invoice Number with your payment, Receipts are issued only upon request. Make chaques payable to Providence Health Care - ATTN: Revenue Services at 1795 Willingdon Ave., Burnaby, B.C. V5C 6E3 NOTE: Credit card payments are limited to a maximum of \$1,000.00

Invoice:#

IN001611117

Customer#

OSAPHC

Balance;

18,939.62



1ST FLOOR, 1515 BLANSHARD STREET PO BOX 9651, STN PROVIGOVT

ATTN: BRUCE RONAYNE C/O BC MINISTRY OF HEALTH

VICTORIA, BC V8W 9P4

Invoice

Revenue Services

1795 Willingdon Avenue Burnaby, B.C. V5C 6E3 Fax: 604-297-9306

Myoice Date:

28/03/2017

invoice #;

IN001611029

Terms:

Due Upon Receipt

Invaice Description

Comments

Amount

WAGES AND BENEFITS UP TO MARCH 23, 2017

Recovery for expenses for the Office of the Seniors Advocate's Residential Care Sector Survey INTERM BILLING

41,037.87

EXPENSES UP TO MARCH 27, 2017

336,629,73

Please direct enquiries to BCCSS Revenue Services at 604-297-8512 or email to patientbilling@hssbc.ca

Total;

377,667.60

Please return this portion or quote Customer Number and Invoice Number with your payment. Receipts are issued only upon request.

<u>Make cheques payable to Providence Health Care.</u> - ATTN: Revenue Services at 1795 Willingdon Ave., Burnaby, B.C. V5C 6E3 **NOTE:** Credit card payments are limited to a maximum of \$1,000.00

Invoice #

IN001611029.

Customer#

OSAPHO

Balance:

377,667.60



How you want to be treated.

Providence Health Care Finance Department 1081 Burrard Street Vancouver, BC V6Z 1Y6

INQUIRIES: CINDY CONVERY (604-806-9962) EMAIL: CCONVERY@PROVIDENCEHEALTH.BC.CA

OFFICE OF THE SENIOR'S ADVOCATE

ATTN: BRUCE RONAYNE

C/O BC MINISTRY OF HEALTH

1ST FLOOR, 1515 BLANSHARD STREET

PO BOX 9651, STN PROV GOVT

VICTORIA, BC V8W 9P4

DATE:

INV. NO.:

G/L DIST.:

31-Mar-17

71106096-400

	AMOUNT
ADVOCATE'S	
\$	1,750.9
OTAL: \$	<u></u>
	\$ ADVOCATE'S

REMIT PAYMENT TO PHC FINANCE, MAKE YOUR CHEQUE PAYABLE TO PROVIDENCE HEALTHCARE PAYMENT IS DUE UPON RECEIPT

REGIONAL SERVICES FUNDING LETTER 2016/17 FUNDING ISSUE DOCUMENT (FID)

FUNDING ISSUE T	ITLE:				···	
Office of the Senior		idential Care Satis	faction Survey			
BRIEF DESCRIPTI		idential Care Satis	iddion burvey			
BC Patient Centred	Measurement W	orking Group (BCF	PCMWG) via Pro	vidence Health will b	e working with a c	ontractor (TBD)
to deliver the Resid	ential Care Satisf	action Survey for t	he Office of the S	Seniors Advocate.	·	
EFFECTIVE DATE:						
FUNDING:			urrent Year - 20		2017/18	2018/19
	Retro	One Time	Base	Total Current	Amount	Amount
Fraser				-	***************************************	
Interior				-		. 14/14/11/11/11/11/11/11/11/11/11/11/11/1
Nisga'a	Es par bet Leijeer end en g			_		
Northern	***************************************					
Van. Coastal		· F	!		************	1
Vanc. Island				_		
PHSA		478,572.79		478,572.79		
TOTAL	\$	478,572.79	_	478,572.79	s -	\$ -
* If the current year base		· ····································	e the annual amount	•		
				oved spending plan &/ but	fget transfer identifying	source of funds.)
			, ,,			•
026,66139:44225.6	001.6600000.000	0000.0000				
	· . <u></u>	·	<u> </u>	YES X	1	N/A
SUPPORTING DO	COMENIATION	(Piease Attach):		TES X	J	NIA
See attached						
FUNDING LETTER	NADDATIVE					
FONDING LETTER	MARKATIVE.					
				surement Working G	roup (BCPCMWG) to deliver the
Residential Care Se	ector Survey for t	he Office of the Se	niors Advocate.			
		·]		1	
RESTRICTED:	Yes	No X	CAPITAL RELA	TED:	Yes	No X
CONTACT NAME, PO	OSITION BRANCE	I PHONE # &		iget Manager, Accou	inting Operations	
EMAIL:	50 .((5), 5 .0.00	.,	Telephone: 250			
			Email: penny.co			
SUBMITTED 8Y:			APPROVAL TO	FUND:		
Penny Cox						
. cini, con						
		•		DATE APPROVED:		



1ST FLOOR, 1515 BLANSHARD STREET

PO BOX 9651, STN PROV GOVT

ATTN: BRUCE RONAYNE C/O BC MINISTRY OF HEALTH

VICTORIA, BC V8W 9P4

Invoice

Revenue Services

1795-Willingdon Avenue Burnaby, B.C. VSC 6E3

Fax: 604-297-9306

Invoice Date:

18/01/2017

involce #:

IN001610311

Tems:

Due Upon Receipt

· · · · · · · · · · · · · · · · · · ·		
Invoice Description	Comments	<u>Amgunt</u>
WAGES & BENEFITS	WAGES & BENEFITS RECOVERY - AS PER ATTACHED	321,263.71
EXPENSES	EXPENSES - AS PER ATTACHED	311,403.42
LESS FUNDING RECIEVED	LESS FUNDING RECIEVED - AS PER ATTACHED	-193,934.00

Please direct enquiries to BCCSS Revenue Services at 604-297-8512 or email to patientbilling@hssbc.ca

Total:

438,733,13

Please return this portion or quote Customer Number and Invoice Number with your payment. Receipts are issued only upon request.

<u>Make cheques payable to Providence Health Care</u> - ATTN: Revenue Services at 1795 Willingdon Ave., Burnaby, B.C. V5C 6E3 **NOTE**: Credit card payments are limited to a maximum of \$1,000.00

Invoice #

IN001610311

Customer #

OSAPHC

Balancé;

438,733,13

***************************************	3GGS			Accounts Rec 1795 Willingdon Burnaby, BC V5		
BC Clinical and	J Support S	ervices		Phone (604) 297		
				Fax (604) 297-9		
		SALES/SE	RVICES INVOICE	REQUEST F	ORM	
Ø	Providence	e Health Care			pastal Health Authority	
	BCCSS				alth Service Authority	
İ	•				and was tree recovery	
REQUESTOR:				Date	2-Feb-17	
Requested By	Cindy Conve	ery	_	Agency	PHC	
Phone#	604-806-996	2	_	Department	Finance	
INVOICE INFORM					<u></u>	
Customer Name:	42,42 2 2,00, 1.0.	Office of the Senio	or's Advocate	PO /Contract	Reference	
			***************************************	(attach copies)		
Billing Address		c/o BC Ministry of		Date of sales	/services	
1		1st Floor, 1515 Bit		<u> </u>	.—	
		PO BOX 9651, ST		Currency		\DX USD
Attention To:		Victoria, BC V8W		Customer Nu	ımber	_
Phone#/ e-mail		Bruce Ronayne, E	executive Director			
Quantity		Description			Unit Price	Total
Supporting Docum * PST 7% effective Apr * GST 6% effective Apr	Wagos & Be			29, 2016)	\$438,733.13 Sub Total *PST 7% *GST 5%	\$438,733.13
GL CODING:					INVOICE TOTAL	\$438,733.13
Business Unit	Fund	Account	Départment	Site	Project [*]	Amounit
				T		Allegin
20010	01	¯s.17 –	71106096	400	T	438.733.13
	<u> </u>	<u> </u>				
	<u> </u>	<u></u>				
Approved by						
		t Manager/Director				
Please Print Name:	Lena Cuthb	ertson		_	INVOICE TOTAL	438,733,13

438,733.13

INVOICE TOTAL

Accounts Receivable, BCCSS 1795 Willingdon Avenue Burnaby, BC V5C 6E3 BC Clinical and Support Services Phone (604) 297-8512 Fax (604) 297-9306 SALES /SERVICES INVOICE REQUEST FORM Providence Health Care Vancouver Coastal Health Authority BCCSS Provincial Health Service Authority REQUESTOR: Date 21-Feb-17 Requested By Cindy Convery Agency PHC Phone# 604-806-9962 Department Finance INVOICE BIFORMATION: **Customer Name:** Office of the Senior's Advocate PO/Contract Reference (attach copies) Billing Address c/o BC Ministry of Health Date of sales/services 1st Floor, 1515 Blanshard Street PO BOX 9651, STN PROV GOVT Currency CAD __X__ USD __ Victoria, BC V8W.9P4 **Customer Number** Attention To: Bruce Ronayne, Executive Director Phone#/ e-mail Quantity Description Unit Price Total Recovery for expenses for the Office of the Seniors Advocate's Residential Care Sector Survey. For: P1711 (December 30, 2016 to January 26, 2017) Wages and Benefits: \$30,559.90 Expenses: \$9,278.76 \$39,839.66 Sup Total Supporting Documents attached - Yes_____No___ PST 7% effective April 1st, 2013 **'PST 7%** GST 5% effective April 1st, 2013 1G5Ť 5% INVOICE TOTAL \$39,839.66 GL CODING: Business Unit Fund Account Department Site Project Amount s.17 20010 01 71106096 400 30,559.90 20010

71106096

400

INVOICE TOTAL

Approved by

01

Please Print Name: Lena Cuthbertson

Department Manager/Director

9,279.76

39,839,68



ATTN: BRUCE RONAYNE

VICTORIA, BC V8W 9P4

C/O BC MINISTRY OF HEALTH 1ST FLOOR, 1515 BLANSHARD STREET

PO BOX 9651, STN PROV GOVT

Invoice

Revenue Services

1795 Willingdon Avenue Burnaby, B.C. V5C 6E3 Fax: 604-297-9308

Involce Date:

22/02/2017

Invoice #:

IN001610677

Terms

Due Upon Receipt

Invoice Description

Comments

Amount

WAGES & BENEFITS & EXPENSES

Recovery for expenses for the Office of the Seniors Advocate's Residential Care Sector Survey for P1711 30,559.90

(December 30, 2016 - January 26, 2017)

WAGES & BENEFITS & EXPENSES

9,279.76

Please direct anguiries to BCCSS Revenue Services at 604-297-8512 or email to patientbilling@hssbc.ca

Total:

39,839.66

Please return this portion or quote Customer Number and Invoice Number with your payment. Receipts are issued only upon request.

<u>Make cheques payable to Providence Health Care</u> - ATTN: Revenue Services at 1795 Willingdon Ave.; Burnaby, B.C. V5C 6E3 **NOTE**: Credit card payments are limited to a maximum of \$1,000.00

Invoice #

IN001610677

Customer#

OSAPHO

Balanca:

39,839,66

REGIONAL SERVICES FUNDING LETTER 2015/16 FUNDING ISSUE DOCUMENT (FID)

71111.65 CH 1116 MELIOLIS 6	duccate Rec	idential Core Catic	f-ali Cunau				
BRIEF DESCRIPTION	i: 	sidential Care Satis	staction Survey				
					•		
BC Patient Centred Me o deliver the Resident	esurement W ial Care Satisf	forking Group (BCI faction Survey for t	PCMWG) via Pi the Office of the	rovidence Seniors A	Health will i Idvocate.	be working with	a contractor (TBD)
FFECTIVE DATE:						······································	
FUNDING:			urrent Year - 2	015/46	<u></u> .	204047	05454
	Retro	One Time	Base		i Current	2016/17 Amount	2017/18 Amount
Fraser					-		
Interior		****	***************************************	***************************************	~ 		
Nisga'a			•			***************************************	***************************************
Northern			1			***************************************	
Van. Coastal				•		***************************************	***************************************
Vanc. Island					_		
PHSA	·	193,934	i		193,934		
TOTAL \$	-	\$ 193,934	\$	- s	193,934	¢	- s
If the current year base is n	ot the full annual :	amount, please indicate	e the annual amoun	t in 2016/17	& 2017/18		
26.66139.44225.6001			, , ,	orca speno	mg piam or the	rgot ganster iderani	ying source of funds.)
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26.66139.44225.6001 UPPORTING DOCUN iee attached UNDING LETTER NA	.6600000.000	000.0000 Please Attach):		YES			N/A
26.66139.44225.6001 UPPORTING DOCUN See attached UNDING LETTER NA	.6600000.000 MENTATION (F	000.0000 Please Attach): atient Centred Mea	asurement Wor	YES			N/A
26.66139.44225.6001 SUPPORTING DOCUN	.6600000.000 MENTATION (F	000.0000 Please Attach): atient Centred Mea	asurement Wor	YES			N/A
26.66139.44225.6001 UPPORTING DOCUN See attached UNDING LETTER NA	.6600000.000 MENTATION (F	000.0000 Please Attach): atient Centred Mea	asurement Wor	YES			N/A
26.66139.44225.6001 UPPORTING DOCUN See attached UNDING LETTER NA	.6600000.000 MENTATION (F	Please Attach): atient Centred Mea	asurement Wor	YES king Grou	p (BCPCMV		N/A the Residential Care
26.66139.44225.6001 SUPPORTING DOCUN See attached UNDING LETTER NA So fund a contract man-	.6600000.000 MENTATION (I	Please Attach): atient Centred Means Advocations Advocations Advocations Phone # &	asurement Worlde.	YES king Group TED: Budget Ma	p (BCPCMV	VG) to deliver t	N/A
26.66139.44225.6001 CUPPORTING DOCUM See attached UNDING LETTER NA o fund a contract maniatisfaction Survey for the second survey for the second survey. Yes CONTACT NAME, POSITIMAIL:	.6600000.000 MENTATION (I	Please Attach): atient Centred Meane Seniors Advoca	asurement Worlde. CAPITAL RELA	YES king Group ATED: Budget Ma	p (BCPCMV	VG) to deliver t	N/A the Residential Care
26.66139.44225.6001 CUPPORTING DOCUM See attached UNDING LETTER NA o fund a contract maniatisfaction Survey for the second survey for the second survey. Yes CONTACT NAME, POSITIMAIL:	.6600000,000 IENTATION (I	Please Attach): atient Centred Meane Seniors Advoca	asurement Worlde. CAPITAL RELA Ida Stephenson, mail: Ida Stepher	King Group ATED: Budget Ma ason@gov.l	p (BCPCMV	VG) to deliver t	N/A the Residential Care

OSA costing for FID (Residential Survery)

Total Contract (Multiple Years) 415,768

40% of contract 174,622. To be paid at point of signing contract, prior to March 31 (\$166,307 ± 8,315 (5%))

PHC costs

Website design 15,000

Volunteer Mgt Database 1,312 License Fee

Volunteer Mgt Strategy Consulant 3,000 Expertise to coordinate volunteers

19,312

Total to PHC 193,934

166307 5.50% 8315