

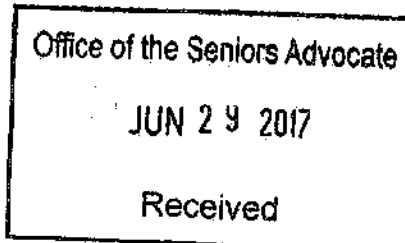


# Invoice

## Revenue Services

1795 Willingdon Avenue  
Burnaby, B.C. V5C 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



Invoice Date: 15/06/2017  
Invoice #: IN001611905  
Terms: Due Upon Receipt

<u>Invoice Description</u>	<u>Comments</u>	<u>Amount</u>
RECOVERY FOR EXPENSES FOR THE OFFICE OF THE SENIORS ADVOCATE	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](mailto: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:  
Make cheques 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 # IN001611905  
Customer # OSAPHC

Balance: 18,535.66

**BCCSS**

BC Clinical and Support Services

Accounts Receivable, BCCSS

1795 Willingdon Avenue

Burnaby, BC V5C 6E3

Phone (604) 297-8512

Fax (604) 297-9306

**SALES /SERVICES INVOICE REQUEST FORM**

- ☒ Providence Health Care  
☐ BCCSS

- ☐ Vancouver Coastal Health Authority  
☐ Provincial Health Service Authority

**REQUESTOR:**

Requested By Cindy Convery  
Phone# 604-806-9962

Date 20-Jun-17Agency PHCDepartment Finance**INVOICE INFORMATION:**

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		
	Expenses for April 21 to May 18, 2017	\$18,535.66	

Sub Total \$18,535.66

Supporting Documents attached - Yes \_\_\_\_\_ No \_\_\_\_\_

\* PST 7% effective April 1st, 2013

\* GST 5% effective April 1st, 2013

\*PST 7%

\*GST 5%

INVOICE TOTAL \$18,535.66**GL CODING:**

Business Unit	Fund	Account	Department	Site	Project	Amount
		S.17	71106096	400		18,535.66
20010	01		71106096	400		
20010	01					

Approved by \_\_\_\_\_ Approved by Lena Cuthbertson via email  
Department Manager/Director

Please Print Name: Lena CuthbertsonINVOICE TOTAL 18,535.66

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

**FUNDING ISSUE TITLE:**

Office of the Seniors Advocate - Residential Care Satisfaction Survey

**BRIEF DESCRIPTION:**

BC Patient Centred Measurement Working Group (BCPCMVG) via Providence Health will be working with a contractor (TBD) to deliver the Residential Care Satisfaction Survey for the Office of the Seniors Advocate.

**EFFECTIVE DATE:**

FUNDING:	Current Year - 2016/17				2017/18 Amount	2018/19 Amount
	Retro	One Time	Base	Total Current		
Fraser				-		
Interior				-		
Nisga'a				-		
Northern				-		
Van. Coastal		511,182.01		511,182.01		
Vanc. Island				-		
PHSA						
<b>TOTAL</b>	<b>\$ -</b>	<b>511,182.01</b>	<b>-</b>	<b>511,182.01</b>	<b>\$ -</b>	<b>\$ -</b>

\* If the current year base is not the full annual amount, please indicate the annual amount in 2017/18 & 2018/19.

**SOURCES OF FUNDING/ SPENDING PLAN REFERENCE:** (Attach approved spending plan &/ budget transfer identifying source of funds.)

026.66139.44225.6001.6600000.000000.0000

**SUPPORTING DOCUMENTATION (Please Attach):**

YES ☒ X

N/A

See attached

**FUNDING LETTER NARRATIVE:**

The final funding for completion of the contract and expenses managed by BC Patient Centred Measurement Working Group (BCPCMVG) to deliver the Residential Care Sector Survey for the Office of the Seniors Advocate. This amount represents payment for work anticipated to be complete by end of day March 31, 2017. Invoices are to be issued representing exact expenses incurred and sent to Office of the Seniors Advocate as soon as possible.

<b>RESTRICTED:</b>	Yes	No <input checked="" type="checkbox"/> X	<b>CAPITAL RELATED:</b>	Yes	No <input checked="" type="checkbox"/> X
<b>CONTACT NAME, POSITION, BRANCH, PHONE # &amp; EMAIL:</b>			Penny Cox, Budget Manager, Accounting Operations Telephone: 250 952-2732 Email: <a href="mailto:penny.cox@gov.bc.ca">penny.cox@gov.bc.ca</a>		
<b>SUBMITTED BY:</b>			<b>APPROVAL TO FUND:</b>		
Penny Cox					

**DATE APPROVED:**



## Invoice

### Revenue Services

1795 Willingdon Avenue  
Burnaby, B.C. V5C 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

Invoice Date: 17/03/2017  
Invoice #: IN001610951  
Terms: Due Upon Receipt

<u>Invoice Description</u>	<u>Comments</u>	<u>Amount</u>
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		10,788.83

Please direct enquiries to BCCSS Revenue Services at 604-297-8512 or email to [patientbilling@hssbc.ca](mailto: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.  
Make cheques 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 # IN001610951  
Customer # OSAPHC

Balance: 52,579.83



## Invoice

### Revenue Services

1795 Willingdon Avenue

Burnaby, B.C. V5C 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

Invoice Date: 31/03/2017

Invoice #: IN001611117

Terms: Due Upon Receipt

<u>Invoice Description</u>	<u>Comments</u>	<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 ECCSS Revenue Services at 604-297-8512 or email to [patientbilling@hssbc.ca](mailto: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 cheques 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



## Invoice

### Revenue Services

1795 Willingdon Avenue  
Burnaby, B.C. V5C 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 8651, STN PROV GOVT  
VICTORIA, BC V8W 9P4

Invoice Date: 28/03/2017  
Invoice #: IN001611029  
Terms: Due Upon Receipt

Invoice 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 for P1713	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](mailto: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.  
Make cheques 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 # IN001611029  
Customer # OSAPHC

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: 31-Mar-17  
INV. NO.: 71106096-400  
G/L DIST.:

DESCRIPTION	AMOUNT
RECOVERY OF EXPENSES FOR THE OFFICE OF THE SENIORS ADVOCATE'S RESIDENTIAL CARE SECTOR SURVEY  P1713 expenses	\$ 1,750.96
TOTAL:	\$ 1,750.96
INVOICE IS IN DUPLICATE. KINDLY RETURN ONE COPY WITH YOUR PAYMENTS	

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 TITLE:**

Office of the Seniors Advocate - Residential Care Satisfaction Survey

**BRIEF DESCRIPTION:**

BC Patient Centred Measurement Working Group (BCPCMVG) via Providence Health will be working with a contractor (TBD) to deliver the Residential Care Satisfaction Survey for the Office of the Seniors Advocate.

**EFFECTIVE DATE:**

FUNDING:	Current Year - 2016/17				2017/18 Amount	2018/19 Amount
	Retro	One Time	Base	Total Current		
Fraser				-		
Interior				-		
Nisga'a				-		
Northern				-		
Van. Coastal				-		
Vanc. Island				-		
PHSA		478,572.79		478,572.79		
<b>TOTAL</b>	<b>\$ -</b>	<b>478,572.79</b>	<b>-</b>	<b>478,572.79</b>	<b>\$ -</b>	<b>\$ -</b>

\* If the current year base is not the full annual amount, please indicate the annual amount in 2017/18 & 2018/19.

**SOURCES OF FUNDING/ SPENDING PLAN REFERENCE:** (Attach approved spending plan &/ budget transfer identifying source of funds.)

026.66139.44225.6001.6600000.000000.0000

**SUPPORTING DOCUMENTATION (Please Attach):**

YES ☒ X

N/A

See attached

**FUNDING LETTER NARRATIVE:**

To fund a contract and expenses managed by BC Patient Centred Measurement Working Group (BCPCMVG) to deliver the Residential Care Sector Survey for the Office of the Seniors Advocate.

<b>RESTRICTED:</b>	Yes	No <input checked="" type="checkbox"/> X	<b>CAPITAL RELATED:</b>	Yes	No <input checked="" type="checkbox"/> X
<b>CONTACT NAME, POSITION, BRANCH, PHONE # &amp; EMAIL:</b>			Penny Cox, Budget Manager, Accounting Operations Telephone: 250 952-2732 Email: <a href="mailto:penny.cox@gov.bc.ca">penny.cox@gov.bc.ca</a>		
<b>SUBMITTED BY:</b>			<b>APPROVAL TO FUND:</b>		
Penny Cox					

**DATE APPROVED:**





## Invoice

### Revenue Services

1795 Willingdon Avenue  
Burnaby, B.C. V5C 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

Invoice Date: 18/01/2017  
Invoice #: IN001610311  
Terms: Due Upon Receipt

<u>Invoice Description</u>	<u>Comments</u>	<u>Amount</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](mailto: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.

Make cheques 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 # IN001610311

Customer # OSAPHC

Balance:

438,733.13

**BCCSS****BC Clinical and Support Services****Accounts Receivable, BCCSS**

1795 Willingdon Avenue

Burnaby, BC V5C 6E3

Phone (604) 297-8512

Fax (604) 297-9306

**SALES /SERVICES INVOICE REQUEST FORM**

- ☒ Providence Health Care  
☐ BCCSS

- ☐ Vancouver Coastal Health Authority  
☐ Provincial Health Service Authority

**REQUESTOR:**

**Requested By** Cindy Convery  
**Phone#** 604-806-9962

**Date** 2-Feb-17  
**Agency** PHC  
**Department** Finance

**INVOICE INFORMATION:**

**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 Term covered: P1701-1710 (April 01, 2016 to December 29, 2016)		
	Wages & Benefits and related expenses	\$438,733.13	

Supporting Documents attached - Yes \_\_\_\_\_ No \_\_\_\_\_

\* PST 7% effective April 1st, 2013

\* GST 5% effective April 1st, 2013

Sub Total \$438,733.13

\*PST 7%

\*GST 5%

INVOICE TOTAL \$438,733.13

**GL CODING:**

Business Unit	Fund	Account	Department	Site	Project	Amount
20010	01	s.17	71106096	400		438,733.13

**Approved by** \_\_\_\_\_  
**Department Manager/Director**

**Please Print Name:** Lena Cuthbertson

INVOICE TOTAL 438,733.13

**BCCSS**

BC Clinical and Support Services

Accounts Receivable, BCCSS

1795 Willingdon Avenue

Burnaby, BC V5C 6E3

Phone (604) 297-8512

Fax (604) 297-8306

**SALES /SERVICES INVOICE REQUEST FORM**☒ Providence Health Care  
☐ BCCSS☐ Vancouver Coastal Health Authority  
☐ Provincial Health Service Authority**REQUESTOR:**Requested By Cindy Convery  
Phone# 604-806-9962Date 21-Feb-17Agency PHCDepartment Finance**INVOICE INFORMATION:**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 StreetPO BOX 9651, STN PROV GOVTVictoria, BC V8W 9P4Currency CAD X USD

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	

Supporting Documents attached - Yes \_\_\_\_\_ No \_\_\_\_\_

\* PST 7% effective April 1st, 2013

\* GST 5% effective April 1st, 2013

**GL CODING:**Sub Total **\$39,839.66**

\*PST 7%

\*GST 5%

INVOICE TOTAL **\$39,839.66**

Business Unit	Fund	Account	Department	Site	Project	Amount
20010	01	S.17	71106096	400		30,559.90
20010	01		71106096	400		9,279.76

Approved by \_\_\_\_\_

Department Manager/DirectorPlease Print Name: Lena CuthbertsonINVOICE TOTAL **\$39,839.66**



## Invoice

**Revenue Services**

1795 Willingdon Avenue  
Burnaby, B.C. V5C 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 9851, STN PROV GOVT  
VICTORIA, BC V8W 9P4

Invoice Date: 22/02/2017  
Invoice #: IN001610677  
Terms: Due Upon Receipt

<u>Invoice Description</u>	<u>Comments</u>	<u>Amount</u>
WAGES & BENEFITS & EXPENSES	Recovery for expenses for the Office of the Seniors Advocate's Residential Care Sector Survey for P1711 (December 30, 2016 - January 26, 2017)	30,559.90
WAGES & BENEFITS & EXPENSES		9,279.76

Please direct enquiries to BCCSS Revenue Services at 604-297-8512 or email to [patientbilling@hssbc.ca](mailto: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.  
Make cheques 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 # IN001610677  
Customer # OSAPHC

Balance: 39,839.66

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

**FUNDING ISSUE TITLE:**

Office of the Seniors Advocate - Residential Care Satisfaction Survey

**BRIEF DESCRIPTION:**

BC Patient Centred Measurement Working Group (BCPCMVG) via Providence Health will be working with a contractor (TBD) to deliver the Residential Care Satisfaction Survey for the Office of the Seniors Advocate.

**EFFECTIVE DATE:**

**FUNDING:**

	Retro	One Time	Current Year - 2015/16		2016/17	2017/18
			Base	Total Current	Amount	Amount
Fraser				-		
Interior				-		
Nisga'a				-		
Northern				-		
Van. Coastal				-		
Vanc. Island				-		
PHSA		193,934		193,934		
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ 193,934</b>	<b>\$ -</b>	<b>\$ 193,934</b>	<b>\$ -</b>	<b>\$ -</b>

\* If the current year base is not the full annual amount, please indicate the annual amount in 2016/17 & 2017/18.

**SOURCES OF FUNDING/ SPENDING PLAN REFERENCE:** (Attach approved spending plan &/ budget transfer identifying source of funds.)

026.66139.44225.6001.6600000.000000.0000

**SUPPORTING DOCUMENTATION (Please Attach):**

YES

N/A

See attached

**FUNDING LETTER NARRATIVE:**

To fund a contract managed by BC Patient Centred Measurement Working Group (BCPCMVG) to deliver the Residential Care Satisfaction Survey for the Office of the Seniors Advocate.

**RESTRICTED:**

Yes

No

**CAPITAL RELATED:**

Yes

No

**CONTACT NAME, POSITION, BRANCH, PHONE # & EMAIL:**

Ida Stephenson, Budget Manager, Accounting Operations, 250 952-1680, E-mail: Ida.Stephenson@gov.bc.ca

**SUBMITTED BY:** Ida Stephenson

**APPROVAL TO FUND:**

**DATE APPROVED:**

OSA costing for FID (Residential Survey)

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 Consultant	3,000	Expertise to coordinate volunteers
	<u>19,312</u>	
Total to PHC	<u><u>193,934</u></u>	

166307  
5.50%  
8315