#### Ministry of justice - Emergency Management BC

### **Briefing Note**

Region:

Central Region

Munciplality:

Village of Lillooet

PREPARED FOR: Information

#### II. ISSUE:

November 9<sup>th</sup>, 2012, Central Region of EMBC was made aware, via email from CAO for the District of Lillooet Grant Loyer, of ground water eroding the road base of Mountain View Road. Mountain View Road is the only access to 10-12 homes in a Village of Lillooet subdivision and approximately 100 homes on the T'it'q'et First Nation. Two homes, 1555 and 1561 Garden Street, at the base of the slope below Mountain View Road are threatened by a possible landslide and have been evacuated. Six other homes are also on evacuation alert. The Village of Lillooet is seeking financial assistance to assist in rebuilding the road, creating temporary road access as well as a storm water system to collect and redirect the water runoff.

#### III. BACKGROUND:

Technical consultants working for the District of Lillooet (TRUE Consulting Group and Westrek Geotechnical Services Ltd.) identified a potential threat to public safety on November 25<sup>th</sup> from a possible landslide caused by the erosion below the roadbed. A declaration of Local State of Emergency was declared November 30<sup>th</sup>, 2011 (extended weekly since), evacuation orders were given to 2 homes and evacuation alerts given to 20 (later reduced to 6) homes at the base of the slope. Full Emergency Social Services (ESS) was provided to the two evacuated households (3 individuals) and altered to Extended Living Assistance on January 18<sup>th</sup> limiting support to billeting only (excluded food or clothing allowance). Total support costs for the evacuees to date are approximately \$6200. Funding for site security and patrols were also initially approved for a total of \$21000. We the Village asked to extend this funding they were asked to submit a more fiscally sound plan but did not seek further approval for the security function.

Technical reports have been forwarded by the Village to EMBC detailing required works with associated costs totalling \$2.4 million dollars and include emergency temporary road access (\$250000), repair of Mountain View Road (\$685000) and a storm water collection system (\$1.46 million). The TRUE report was the primary supporting document for the emergency borrowing bylaw that was approved via the Ministry of Community Development.

#### IV. DISCUSSION:

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Other ground water issues are prominent in the area and natural springs are known. The full scope of the problem may not have been identified and further hydrological and geotechnical review is required to successfully manage the problem.

It is unlikely the two homes under evacuation will be habitable in the future and the other 6 under evacuation alert may have some continued level of risk. In recent discussions with Grant Loyer he advised that they are advising the evacuees that they are not going to be able to return to their homes and that their insurance and legal teams have advised that the Village is not responsible for compensation and evacuees should seek assistance directly from the Province via their MLA or EMBC.

#### V. CONSULTATIONS:

EMBC has been in regular contact with the Village of Lillooet via Grant Loyer. A site visit was performed by EMBC staff on November 18<sup>th</sup> and again February 23<sup>rd</sup>. February 8<sup>th</sup> Grant Loyer met EMBC staff in Kamloops and presented an application for Disaster Financial Assistance. He was advised to resubmit with Expenditure Authorization Forms (EAFs) to seek financial assistance. Two EAFs were submitted for a total \$184249.46 to cover geotechnical and engineering experts as well as to construct the temporary road access which is required when work on Mountain View road starts. The requests were returned to allow the Village to supply more detail and specifics to ensure the costs are eligible under financial guidelines. The request is expected to be resubmitted March 9<sup>th</sup>, 2012 with details and complete costs.

March 5<sup>th</sup>, four additional EAFs for a total of \$67,6000 were submitted to EMBC to seek compensation for the construction and repairs costs of Mountain View Road. These EAFs are currently are under review. At this time there has been no acceptance or rejection of any request for financial assistance.

March 2<sup>nd</sup>, 2012 EMBC was invited to attend a meeting in tillopet on March 8<sup>th</sup> with City Staff, Municipal Insurance Association (MIA) reps, and the technical consultants followed by a meeting with the residents. This meeting was declined due to short notice and vague agenda and instead an offer to arrange a meeting with EMBC senior staff, Community Development Staff, AANDC, and the consultants was proposed to allow all parties to seek opportunities to support Lillooet.

Grant advises that the messaging from the local authorities to the residents, on advice from Lillooet's legal team, is that there is no compensation that the Village of Lillooet can offer the homeowners and that they should seek compensation through the province via direct messaging to the MLA and/or EMBC.

Other consultations that have occurred include AANDC who was mad aware due to potential access problems to T'it'q'et First Nation as well as MoTI who has advised they will assist in any way possible including sourcing road materials from their local supplies.

### VI. SUMMARY:

ADM Approval:

Costs directly associated with the temporary road access and the geotechnical and engineering work are likely to be eligible for compensation (expected to be approximately \$250000), costs associated with the excavation, roadwork and water drainage is unlikely to be eligible due to that being a standard expectations of work performed by public works.

The current requests for assistance did not have the required level of detail so further review and clarification is required to identify the total value of eligible expenses. This detail is expected to be provided to EMBC by March 9<sup>th</sup>, 2012. Options for a cost share with AANDC for any approved response costs should be investigated as the T'it'q'et FN is the principle user of Mountain View Road.

Program Area Contact: Mike Knauff	Phone: 250.371.5245
Director Approval:	Date:

Cliff No.: 484147 Date: September 6, 2012

### MINISTRY OF JUSTICE EMERGENCY MANAGEMENT BC BRIEFING NOTE

PREPARED FOR: Lori Wanamaker

Deputy Minister of Justice FOR INFORMATION

### **ISSUE**

The District of Lillooet (the District) has requested a meeting with the Province to discuss property and storm water issues. The meeting will be held in Victoria on September 7th, 2012 and will include Emergency Management BC (EMBC), the Ministry of Culture, Sport and Community Development (MCSCD) and the Ministry of Forests, Lands and natural Resource Operations (FLNRO).

### CONTEXT:

The Ministry of Justice is pleased to have the opportunity to coordinate the meeting and bring together the majority of key provincial ministries to discuss these important matters. The proposed meeting agenda, which is based on the District's recent correspondence, is ambitious and raises a number of complex and interrelated issues. While all of the issues raised are important, it is unlikely that all of the items will be fully resolved. The meeting will allow for significant progress in understanding the issues and defining the way forward.

The District's water issues have been accepted as an Exceptional Event of Provincial Significance (ExcEPTS) file and EMBC will act as lead coordinator of the all-of-government Lillooet Community Recovery Support Project. MCSCD has agreed to act as co-Chair of the project. The purpose of the project is to assist the District of Lillooet in facilitating and coordinating the community recovery initiatives in the area. Each ministry and the District will be responsible to manage their areas of responsibility. EMBC's role as coordinator is to:

- Ensure sharing of information of both provincial and local government activities;
- Ensure there is no duplication of efforts or working at cross-purpose;
- · Contribute to more efficient and effective work; and
- Create and distribute consolidated situation reports.

The attached letter from the District of Lillooet identifies fourteen discussion points. EMBC can directly address three discussion points and can offer support to numerous

additional points. See Appendix A: Letter from the District of Lillooet and Appendix B: EMBC Responses to questions 2, 3 and 8.

Appendix C addresses MCSCD's responses to questions 7, 10 and 11. Questions 4, 6, 11 and 14 will be addressed by FLNRO; we have not received copies of their prepared responses. On September 12, 2012 the remaining questions will be addressed by the Ministry of Transportation and Infrastructure (MOTI) in a separate meeting.

Appendix D is a reference map of the impacted area.

### **BACKGROUND:**

The District and adjacent T'it'q'et (pronounced "tleekit") First Nations community were impacted in November 2011, by a heavy rainfall event that resulted in a slope erosion to the extent that the District issued a state of local emergency that is still ongoing. Areas of concern include:

- Compromised drinking water supply;
- Maintenance of evacuation orders for two homes;
- Maintenance of evacuation alerts for an additional six homes; and
- Water seepage and land subsidence under Mountain View Road, which is the primary access to 100 First Nations homes and 10-12 District homes.

The District is seeking financial assistance from the Province to deal with the impacted residences, rebuild Mountain View Road, create a temporary road access as well as construct a storm water system to collect and redirect water runoff.

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Approved by:

Becky Denlinger
ADM/Fire and Emergency Management
Commissioner
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Prepared by:

Kelli Kryzanowski Manager, Strategic Initiatives Emergency Management BC (250) 953-4192

Alexis Kraig Planning Officer Emergency Management BC (250) 952-4910

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Tel: (250) 256 4269 - Fain (0504 950 4338 E-mail: CityfadickBecoben 1

August 27, 2012

Honourable Shirley Bond Minister of Justice and Attorney General Province of British Columbia P.O. Box 9044, Stn Prov Govt, Victoria, BC V8W 9E2

RE: SEPTEMBER 07, 2012 VICTORIA MEETING DISCUSSION POINTS WITH STAFF FROM EMERGENCY MANAGEMENT BC, MINISTRY OF JUSTICE AND, MINISTRY OF COMMUNITY, SPORT AND CULTURAL DEVELOPMENT

Reference: Letter dated August 2, 2012 from Lori Wanamaker, D. Solicitor General

Dear Minister Bond,

The District of Lillooet thanks you for the meeting confirmed with staff from your ministry EMBC and MOCSCD. It is regretful that the Ministers are not available to attend a meeting with Council; however, District of Lillooet staff and our engineering consultant will attend this meeting to fully discuss our concerns. We would like to have discussion with ministry staff on the following issues:

- 1. Use of Mountain View Road Loan Authorization Bylaw No. 362, 2011 for slide and flood response.
- 2. Bypass road costs and reconciliation.
- Mountain View Road costs and cost distribution between the Aboriginal Affairs and Northern Development Canada, Emergency Management BC and the District of Lillooet.
- Engineering costs for Town Creek Watershed, Town Creek and groundwater issues caused by the Mount McLean fire.
- 5. How the Town Creek issues has affected Road 40/Main Street infrastructure in Lillooet owned and managed by the Ministry of Transportation and Infrastructure.
- Mitigation costs for Town Creek Watershed issues, Town Creek issues and groundwater issues caused by the Mount McLean fire.
- 7. District of Lilloget proposed Storm Water Project for Town Creek.
- 8. Evacuated parties who cannot re-occupy their homes.

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- How the District of Lillooet continues to follow a Council plan to improve infrastructure by utilizing District resources coupled with other sources of funding.
- 10. District of Lillooct Water System Source Replacement Project Phase 1.
- 11. District of Lillooet Water System Source-Replacement Project Phase 2, 3, and 4, and proposed scope change for Phase 2 (Proposed BC Hydro Canal source changing to Cayoosh Creek/Seton River source. The District has an existing water license on the Cayoosh Creek/Seton River source).
- 12. District of Lillooet 3 phased Boundary Extension Proposal for BC Hydro properties:
- 13. District of Lillooet proposal for reintroduce a Trust concept similar to the Bridge River Lillooet Trust that was introduced in the 2000 to 2005 years.
- 14. Discussion with CSCD staff about the sponsorship program to compensate for fee simple crown land acquisition by municipalities.

Note: Several of these points will be brought up in our meeting with the Minister of Transportation and Infrastructure to be held in Victoria on September 13, 2012.

Later this week, the District of Lillooet will send briefing documents to Minister Bond and Minister Chong as well as to staff in the Ministries. This will allow for Ministry staff to be up to date on responses to discussion points. The District of Lillooet staff wants to make the most out of the proposed meeting with staffs from each of the ministries. Perhaps separate meetings should be held with each of the staff at their respective office locations with one representative from each staff at the respective meetings to cover crossover points.

The following representatives from the District of Lillooet plan to attend the meeting(s):

Grant Loyer

Chief Administrative Officer

Leslie Piderman

Director of Finance

Steve Hohner Steve Underwood Director of Public Works TRUE Consulting Group

We thank you for arranging the meeting(s) with ministry staff. Please don't hesitate to contact the

District of Lillooet if you have any questions or require further information.

Yours truly

Mayor Dennis Bontron

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### APPENDIX B: EMBC Responses to District of Lillooet Questions

### Question 2: Bypass road costs and reconciliation

- In order to maintain access to emergency services for the T'it'q'et First Nations
  reserve and some properties off reserve, a bypass road was constructed. This
  allows for the repair of the Mountain View Road to be implemented.
- Total costs for the bypass road (under review): \$184K includes construction of temporary road access (\$115K) and engineering and consultant services (\$69K).
- The bypass road construction is complete and is eligible for cost recovery under the EPA as an emergency response expense.

# Question 3: Mountain View Road costs and cost distribution between Aboriginal Affairs and Northern Development Canada, Emergency Management BC and the District of Lillooet

- The total estimated cost for the works associated with the repair of the Mountain View Road and construction of the emergency access road was originally \$922,949. Agreement was reached that there would be a 1/3 cost sharing.
- The Mountain View Road is the only access to T'it'q'et and some properties off reserve. Further damage to the road could result in a lengthy interruption of critical emergency services (such as fire protection and ambulance) to these areas.
- Aboriginal Affairs and Northern Development Canada (AANDC) has agreed to contribute one-time funding of \$308k (1/3) to repair the Mountain View Road.
- District of Lillooet is requesting additional funding from EMBC as the actual costs
  are proving to be higher than the original estimated costs. The District indicates
  that an additional \$300k will required to complete the Mountain View Road repair.
  The parties have not yet established how this additional cost will be funded.
- Work on Mountain View Road construction and repair has commenced and is estimated to be completed by the end of September.

### Question 8: Evacuated parties who cannot re-occupy their homes

On November 30, 2011 the District of Lillooet declared a State of Local Emergency. At that time two homes were evacuated and an additional twenty homes were placed on evacuation alert.

The State of Local Emergency has had numerous extensions and is currently still in place. The two homes remain evacuated with 6 homes remaining under evacuation alert. The District is advising the evacuated homeowners that their properties have been deemed unsafe and the homeowners will not be able to reoccupy them.

For the two homes that have been evacuated, Extended Living Assistance (rental accommodations only) is being provided to one household (1 individual) while other household is no longer receiving assistance (2 individuals) because they are no longer in the area. Total Emergency Social Services (ESS) costs to date are \$10.5K

The District has referred the homeowners to the EMBC for financial assistance regarding the possible expropriation of their homes.

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### APPENDIX C: District of Lillooet Issues of Concern

### Local State of Emergency

On November 9, 2011, the District of Lillooet CAO, Grant Loyer advised EMBC of ground water eroding the road at the base of Mountain View Road. Mountain View Road is the only access to 10-12 homes in a Lillooet subdivision and approximately 100 homes on the Tit'q'et First Nation.

On November 30, 2011, a Local State of Emergency was declared (extended weekly since) for the District of Lillooet. Two homes remain on evacuation order and six homes remain on evacuation alert. Full Emergency Social Services (ESS) was provided to the two evacuated households and altered to Extended Living Assistance on January 18, 2012.

Technical reports have been forwarded by the District to EMBC detailing required works with associated costs totalling \$2.4 million dollars and include:

- emergency temporary road access (\$250 000);
- repair of Mountain View Road (\$685 000); and
- a storm water collection system (\$1.46 million).

The TRUE report was the primary supporting document for the emergency borrowing by-law that was approved via MCSCD.

Under the *Emergency Program Act* (EPA), the District may be eligible for reimbursement of response costs from the Province for some of the resulting work (e.g. temporary road access construction). Other longer-term costs (e.g. rehabilitating Mountain View Road and a storm water system) are likely outside the scope of EPA.

### Storm Water System/ Mountain View Road

Groundwater seepage from this slope has been a historic problem because a lot owner constructed an illegal connection to the sanitary sewer system and directed the surface water flow from the slope to the sanitary system. It is assumed the increase in flow from the slope above these properties occurred in August 2011 as the pumping hours below the illegal connection began increasing significantly around this time.

When the District public works discovered the illegal connection they evaluated the ability to disconnect it. Disconnection would result in flooding on several private properties and Garden Street. Garden Street is a local low point with no drainage facilities or overland flood route. The illegal connection to the sanitary system remains in operation and the sanitary lift station continues to operate beyond its design capacity.

The District of Lillooet proposes to construct a storm water collection system to capture the groundwater flowing from the base of the hillside to a natural outfall.

### Water Supply Infrastructure

Lillooet's water supply sources suffered from the impacts of the 2005 and 2009 forest fires. The Province has been working closely with Lillooet to develop a long-term sustainable water system.

In 2011, Lillooet received approval for \$10 million in Gas Tax- General Strategic Priorities Funding for a two-phase water system improvement project:

- Phase 1 (\$4.5 million) is for a short-term solution to their water supply issues (new wells, lift pump, UV treatment, water supply main and water meters); and
- Phase 2 (\$5.6 million) is to develop a long-term solution to their water supply issues (supply pipe tied into the BC Hydro Seton Canal) and address any additional treatment requirements. The Phase 1 well water has been tested and meets Canada Drinking Water Quality Guidelines.

### Lillooet Community Recovery Support Project Overview:

EMBC will act as lead coordinator of the all-of-government Lillooet Community Recovery Support Project to assist the District of Lillooet in facilitating and coordinating the community recovery initiatives in the area. This project will include engaging multiple stakeholders. This assistance will provide the necessary leadership and coordination of provincial bodies to initiate the complementary recovery, safety and infrastructure projects.

The purpose of this project will be to provide the organizational leadership, program support, and cross-government engagement necessary to assist the District of Lillooet and its residents. Efforts will also include a permanent road access solution for the Titrq'et First Nations. The objectives of this project include:

- Establishment of an inter-ministry steering committee to coordinate the engagement of provincial programs and services;
- Identification of the roles and responsibilities associated with all levels of government and key stakeholders specific to the issues and potential solutions;
- Identification and facilitation the implementation of applicable provincial government programs and supports;
- Development of a communications framework across ministries;
- Development of a systematic process to engage with the District of Lillooet,
   T'it'q'et First Nations and the Federal government; and
- Identification of any potential exceptional resource requests as required.

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The proposed project will establish a steering committee and will be co-chaired by EMBC and MCSCD. The steering committee will be composed of representatives from key provincial partners which will include the Ministry of Forests, Lands and Natural Resource Operations, Ministry of Aboriginal Relations and Reconciliation, Ministry of Finance - Risk Management Branch, Ministry of Transportation and Infrastructure, Ministry of Health, and the Interior Health Authority. The steering committee will also engage, as required, with other key partners including Aboriginal Affairs and Northern Development Canada, the District of Lillooet; and T'it'g'et First Nations.

The Lillooet Community Recovery Support Project will be considered complete once the necessary tools and processes are established to effectively coordinate the implementation of the anticipated infrastructure works. The District of Lillooet will be the delivery agent for all infrastructure projects undertaken.

## APPENDIX C: Ministry of Culture, Sport and Community Development Responses to District of Lillooet Questions

## #7 – District's proposed Storm Water Project for Town Creek (basis of a GTA application)

The Gas Tax pooled applications are still in the review process. Approvals and announcements are anticipated at the end of this calendar year or early in 2013.

- Initial review of the project identifies some concerns over the conventional nature
  of the proposed solution. Conventional "big pipe" solutions may address the
  immediate issue, but climate change considerations may suggest streamrevitalization as the best long-term solution.
- Concerns over use of stormwater in the drinking water system.

# 10 - District's Water System Source Replacement Project Phase 1 Glad to hear that progress on Phase 1 has moved ahead in a timely fashion

## #11 – District's Water System Source Replacement Project Phase 2, 3 and 4 and proposed scope change for Phase 2

Proposed scope change for Phase 2 needs to be brought forward to UBCM and respectively to Management Committee for the Gas Tax.

- Review of the proposed scope change design may be considered prior to Provincial support for the scope change request.
- The Province will be reluctant to support approval of the proposed scope change
  until adequate water quality sampling over an appropriate time period with
  significant rain events included in that time period has been conducted. Such
  water quality sampling will need Interior Health Authority approvals prior to scope
  change approval.
- The proposed intake location presents a potential threat to public health consider moving the intake to the upstream side of the Highway 99 bridge.

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### BACKGROUND INFORMATION AND TIMELINE OF MCSCD INVOLVEMENT

The following is a summary of events impacting District drinking water infrastructure and MCSCDs involvement, including funding:

- Since 2005 MCSCD has invested ~ \$1.5 million in fed/prov funding towards the District's drinking water infrastructure.
- In 2004, Dickie Creek, one of two of the District's drinking watersheds, burned in a forest fire.
  - 2005 MCSCD provided funding for planning to explore alternative supply options and infrastructure improvements toward increase resiliency to wild fire impacts.
  - MCSCD provided \$733,333 in funding towards balancing storage reservoirs and distribution improvements.
- The District also began developing groundwater as a primary drinking water source to ensure reduced impacts from wild fire.
- In May 2006 the Canadian Drinking Water Quality Guidelines reduced the maximum allowable concentration of arsenic.
  - 2 of the District's groundwater wells exceeded the maximum allowable concentrations.
  - The District began blending the groundwater with surface water to reduce the concentration; however this was not a sustainable practice.
- In 2009, the District's other watershed, Town Creek, was badly burned in a forest fire.
  - PSSG, MOH (HLS), IHA, MOE & MCSCD developed a response plan to assist the District.
  - PSSG was tasked as lead Ministry with providing immediate response efforts.
  - MCSCD was tasked as lead Ministry with providing short-long term response efforts.
  - All key stakeholders (IHA, MoE, MoH, PSSG, MCSCD &District Staff) agreed that the District needed to diversify and or completely change its long term supply source.
    - The repeated burning of the District's watershed presents an ongoing public health and safety risk potentially leaving the District without adequate access to drinking water for inappropriately long periods of time, as well as significant long term infrastructure capital and maintenance costs.
    - The Ministry required that the District develop a plan that looked at all possible options to ensure that the best possible solution is being put forward.

- MCSCD has worked closely with District staff and their consulting engineers since 2009 to develop a short and long term sustainable alternative to the existing water source and is now in a place to begin implementation of that new water system strategy.
  - The Plan, developed by a respected engineering firm and reviewed by MoH, MoE and IHA, has two phases:
    - 1. Phase 1 will address short term needs; and
    - 2. Phase 2 addressing longer term needs.
- In 2011 the District was approved for an additional ~\$10 million in Gas Tax –
  General Strategic Priorities Funding for a 2 Phase water system improvement
  project:
  - Phase 1 approx \$4.5 million will develop a short-term solution to their water supply issues – Seton River Fan Well Project.
  - Phase 2 approx \$5.5 million will develop a long-term solution to their water supply issues – supply pipe tied into the BC Hydro Seton Canal.
    - Phase 2 funds are being temporarily held until the District can prove that all necessary approvals and agreements with MOTI, BC Hydro and FN are in place and signed and until assurances can be provided that a long-term solution can be achieved.
- Spring/Summer 2012 the District identified that it is unlikely to gain agreements with FN to cross their land to access the Seton Canal.
  - The District will be submitting a scope change request to UBCM with the new source and intake likely being in the Cayoosh Creek downstream of the Highway 99 Bridge adjacent to the Seton Fan Well Field (Cayoosh Camp Ground).
  - Concerns from MCSCD staff regarding the intake location and water quality have been expressed to the District. MCSCD Staff requested the District to undertake thorough water quality testing during and after rain events to record impacts from upstream surface run off.
- Spring/Summer 2012 the District submitted an application under the UBCM GTA program for a stormwater improvement project for approximately \$1.7 million.
  - This project will upgrade the existing storm sewer system in the District to prevent flooding due to frequent rainfall events on Town Creek. The project includes three phases; phase 1 replaces the existing storm sewer along 9th Avenue, phase 2 installs a new storm sewer along Foster Drive to the Fraser River, and phase 3 constructs a new storm pipe from Foster Drive to the future drinking water treatment plant at Cayoosh Creek camparound.
  - o Reviews of applications for this program are still underway, and funding announcement for successful projects are anticipated late this year.

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 The Infrastructure and Engineering Unit continues to be involved in the District's infrastructure decision making and direction.

Mountain View Emergency — The Minister indicated that best route was to continue to work with EMBC staff and provide them with the details they need to determine what the province can fund. She indicated that there would be some provincial funding, but how much depends on what costs qualify within the rules that EMBC has. EMBC did indicate that if the homes under evacuation order ultimately are uninhabitable (based on objective, credible engineering/technical assessment), then there is precedent (Cottonwood and Smithers) for there to be compensation to the homeowners from the province (it is delivered through the local authority). EMBC also indicated that they had some initial contact with Aboriginal Affairs (Canada), but again, that potential source of funding could only be explored once Lillooet provided the more detailed information. The Minister also indicated that she had ratified the borrowing bylaw so Lillooet should consider how best to use that authority for things that won't be funded

<u>Boundary extension</u> – this was the unexpected issue (as I understand there hasn't been much activity on this request for a bit), but Lillooet seems to have revived interest in a boundary extension to include BC Hydro infrastructure on Carpenter and Seton Lakes as a source of revenue for the municipality (through BC Hydro PILTs). They indicated that they have hired a consultant to report out to them. s.13,s.16

<u>SCIFF funding</u> – Minister indicated that the formula is a function of population, so if there has been a decrease that is why. She also discussed the municipal tax formula review (primarily the internal review, looking at sources of funds for local governments which is especially relevant to small communities that have a high reliance on government grants).

By-election – Minister hoped for a good turn out on Saturday and hoped to meet the new council members at SILGA

<u>Corporate review</u> – While the Minister said she would think about their request for an independent corporate review/community engagement process (Ministry funded), she asked questions that turned the discussion to thinking about what it would actually look at and whether it would actually have the intended result s.13,s.16

### APPENDIX D: Map of Lillooet

Existing and Proposed Storm Locations in Mountain View - Garden Street Area, Lillooet, BC Copyright

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Page 20 of 104 TRA-2016-64688

### TASK EXPENSE FORM

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ACCOUNTS - FORMS - EXPENSE FORM

Ministry of Public Safety and Solicitor General



### PLEASE PRESS HARD YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to Emergency Management BC. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800:663-3456

NOT	REDEEMABLE	FOR CA	\SH	D.F.	rral # 73	5622
3 NAME OF SUPPLIER \$.22	1. TAS	к# /23 <i>]3</i>	5	2. ESS F1	e # (if applicable)	
					51155	<u>5</u>
		9.	VAL	ID ONLY	<u></u>	by
	Froi	n 20	:00	12.	03 335-	appa
	Т.	o 20	C'Aç	2013.	0401	
At the request of the Community or District of	. il	E OF FAMILY REP 22	RESENTATIVE (für	rily name, licst name)	27. 1	<u>-</u> ;
Please provide the following goods and services in accordance Emergency Social Services Rates attached, to the following	nce with the 15. NAM		RCHASING GOOD	S (if different from family	representative)	
Number of Adults or Youths (13 - 18): Names:s.22		mber of Child	ren (12 & unde	er):		
NOTE TO ESS WORKER Use one form for ear	ch different supplie	FAND Tick	Walker State Control of the St	O'lor each ca	to contract and contract of the state of the	<u> </u>
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# persons:	Ü	real anthothia lot b	Byment androc contr	BE PAID is correct, is in rect and where applicable detections and where applicable detections are conditions.	accordance with approp	
Total # of meals per person during "Valid Only" period:				ECTRONICA		(00)
# of Breakfasts: # of Lunches:		pending Authority	y Signature		(Print Name)	- 20/
NOTE: Alcohol, tobacco and gratuities are not ell Refer to attached ESS Rates sheet for maximum a	-	RESP 15/05	12200	) 74/8	PROJ	SCT 2
S. LODGING YES NO		omnolf #	Suppl	ter	10 7 735	623
Hotel/Motel OR Billeting OR	Group Lodging	NOTE: II		S Kelena long	s.22 ·	70 <del>7 11.0 -</del>
# of nights authorized: Sees (maximum 3	in the second	1			ed maximum allo r maximum allowa	. i
Refer to attached ESS Rates sheet for maximum a	できたい。 illowable rates	<sup>22</sup> Comr	nents: 🗷	12010 0	200110	
9. CLOTHING YES NO				lease p	A- M	
# of people: Extreme winter conditions:	YES NO		rner) cel. Le L	61700 JE	stal e	A
Refer to attached ESS Rates sheet for maximum a	illowable rates	82	10,00	0 62 7	27 1 025-5	1
The personal information requested on this form is collected purposes and may be shared with other public bodies, organization information is subject to the provisions of the Free disclosure of this information should be directed to the Ma Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-58	ganizations and/or age redom of Information a mager, Training , Exerc	ncies only to e nd Protection :	nable the provi of <i>Privacy Act.</i> i	sion of emergency Questions regardi	y services. Disclosing the collection, (	ure of use or
s.22	viewers first name and initial o	U		2013 03	25	
NOTE TO SUPPLIÉR <sup>1</sup> -Send original (white co	py) of Referral fo					
Emergency Management BC			ох 9201, ST	N PROV GOV	FAX	
Victoria BC	V8W 9J	-		585-9559	(250) 952	-5831





APR 19 203 -

### INVOICE FOR HOST FAMILY (BILLETING)

Date: March 25, 2013 PEP	Task# 123735
Date. Machine Confession 12	Task # 123735  (take from the top of the ESS Referral form)
Name of Supplier: (your name)s.22	·
Mailing Address: (your address)	
Phone Number: (your phone #)	
Name of Family Representative: (same name s.22	ne as appears on the ESS Referral form)
Date of Accommodation provided: From:	2013: 03. 25 To: 2013: 04: 01  by approved.
\$10.00 each a sto.00 for each	rst adult additional adult, and ch youth 13-18 ildren 12 and under
	adults children 13 yours of age and over children 12 years of age and under
Please pay: 7 x \$30 for first adult x \$10.00 each addit x \$ 5.00 for each years.	tional adult =
s.22 Name; <i>(Please print)</i> s.22	
Signature: 👱	- physical and a state of the s



Ministry of Public Safety and Solicitor General



### PI FASE PRESS HARD YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt #107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456.

NOT REDEEMABLE FOR CASH Referral # 1, PEP TASK# 3, NAME OF SUPPLIER T511556 VALID ONLY At the request of the Community or District of 15: NAME OF PERSON PURCHASING GOODS (if different from family representative) Emergency Social Services Rates attached, to the following person(s): Number of Children (12 & under): Names:\_s.22 \*\*\* GST EXEMPT \*\*\* Restaurant Meals Groceries CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statue of other authority for payment and/or contract and where applicable, that the work has been performed the goods supplied and the services rendered and/or conditions met. # of adult/youths: SIGNED ELECTRONICALLY Total # of meals per person during "Valid Only" period: # of Breakfasts: \_\_\_\_ # of Lunches: # of Dinners: Spending Authority Signature NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates 18. LODGING 🗾 \*\*\* GST EXEMPT \*\*\* NOTE: If more than one Referral form is issued for incidentals, the total of all Referral forms must not exceed maximum allowable rate. # of nights authorized: four teen (maximum 3) can will Refer to attached ESS Rates sheet for maximum allowable rates Refer to attached ESS Rates sheet for maximum allowable rates \*\*\* GST EXEMPT \*\*\* CLOTHING. Extreme winter conditions: # of people:\_ Refer to attached ESS Rates sheet for maximum allowable rates The personal information requested on this form is collected under the authority of the Emergency Program Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W.9J1 Phone: 1-800-585-9559 24 Interviewors first name and initial of last name (please point) NOTE TO SUPPLIER - Send original (write copy) of Referral form and itemized invoices to: Emergency Social Services Office, Provincial Emergency Program PO Box 9201, STN PROV GOVT V8W 9J1 (250) 952-5831 1-800-585-9559 Victoria BC

White copy - Supplier Yellow Copy - Evacuee Pink Copy - ESS Office, PEP (Victoria) Green Copy - Documentation Unit





Signature: 👍

### INVOICE FOR HOST FAMILY (BILLETING)

APR 05 279

TILX (BILLETING)

forms for your personal records.
Date: March 11, 2013 PEP Task # 123735  (take from the top of the ESS Referral for
Name of Supplier: (your name)
Mailing Address: (your address)
Phone Number: (your phone #) s.22
Name of Family Representative: (same name as appears on the ESS Referral form) s.22
Date of Accommodation provided: From: Mar 11 2013 To: MARCH 25, 20
Daily Allowable Rates:  \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for:  Two adults  children 13 yours of age and over  children 12 years of age and under
Please pay: Four keen x \$30 for first adult = $\frac{420.00}{1000}$ = $\frac{420.00}{1000}$ = $\frac{420.00}{1000}$ = $\frac{140.00}{1000}$ = $\frac{140.00}{1000}$ = $\frac{140.00}{1000}$
Name: (Please print) s.22



PEP2395 7530906047 (100/pak) (16/07/01)

Ministry of Public Safety and Solicitor General



### PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to Emergency Management BC. See reverse for more detailed information and billing instructions

lf no Emergency Social Seivices (ESS) Rates sheet is attached to this Referral form, call دا-800-663-3456 NOT REDEEMABLE FOR CASH Referral # 1. TASK # 3. NAME OF SUPPLIER /43*735* s 22 2. F.SS File # (if applicable) T511556 VALID ONLY 14. NAME OF HAMILY REPRESENTATIVE (family name, first name) At the request of the Community or District of 15. NAME OF PERSON PURCHASING GOODS (if different from family representative) Emergency Social Services Rates attached, to the following person(s): Number of Adults or Youths (13 - 18): \_\_\_\_\_\_0 Number of Children (12 & under): Names s.22 Names: NOTE TO ESS WORKER: Use one form for each different supplier AND Tick "YES" or **FOOD** Restaurant Meals CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status of ather sulfhority for payment and/or contract and where applicable, that the work has been parformed the goods supplied and the services rendered and/or conditions met. # persons: Total # of meals per person during "Valid Only" period: SIGNED ELECTRONICALLY # of Dinners: # of Breakfasts: \_\_\_\_\_ # of Lunches: Spending Authority Signature NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates LODGING 🛴 YES NOTE: If more than one Referral form is issue. ... more mais, one Hotel/Motel OR | Bitleting OR total of all Referral forms must not exceed maximum allowable rate. Refer to attached ESS Rates sheet for maximum allowable rates # of nights authorized: らといとへ Refer to attached ESS Rates sheet for maximum allowable rates Comments CLOTHING Extreme winter conditions: YES # of people: Refer to attached ESS Rates sheet for maximum allowable rates The personal information requested on this form is collected under the authority of the Emergency Program Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Training , Exercise & Volunteer Programs, Emergency Management BC, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559 25, Date (YYYY MM DD) 24. Interviewers first name and initial of last name (please print) NOTE TO SUPPLIER - Send original (white copy) of Referral form and itemized invoices to: PO Box 9201, STN PROV GOVT Emergency Management BC PHONE V8W 9J1 1-800-585-9559 (250) 952-5831 Victoria BC White copy - Supplier Yallow Capy - Evacuee Pink Copy - ESS Office, PEP (Victoria) Green Copy - Decumentation Unit





## INVOICE FOR HOST FAMILY (BILLETING)

Tolling to the Tennes of the T
Date: 2013-03-25 PEP Task# 123735  (take from the top of the ESS Referral form)
Name of Supplier: (your name)
Mailing Address: (your address
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form)
Date of Accommodation provided: From: Murch 23 2013 To: Cop. 1, 2013
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for:  adults children 13 yours of age and over children 12 years of age and under
Please pay:
Name: (Please print)
Signature: V



Ministry of Public Safety, and Solicitor General



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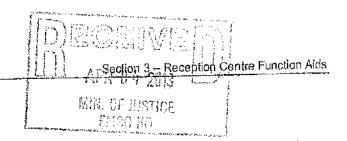
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NOTE TO SUPPLIER: Please attach itemized receipts and invoices providing specific details of goods and/or/services along with the original (white) copy of this Referral form and submit to Emergency Management BC. See reverse for more detailed information and billing instructions.
If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

NOT REDE	MABLE F	OR CASH			725621
3, NAME OF SUPPLIER S.22	1. TASK #	3735		Referral # 7	
	From		ALID ONL	Y '013'03'71	by
At the request of the Community or District of  Destruct of Mulicipal Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):	s.22 - e 15: NAME OF I	PERSON PURCHASING GOO	(family name, firs		
Names:s.22	Number _ Names:	of Children (12 & un			
NOTE TO ESS WORKER: Use one form for each differe  17. FOOD YES NO Restaurant Meals OR Groceries  # persons: Total # of meals per person during "Valid Only" period:	GOODS/S	ERVICES REC'D Date THAT THE AMOUNT TO BE	e(mm/yy/dd)  PAID is correct, I and where applied and/or condition	by Signate Is in accordance with appro- licable, that the work has be	ure
# of Breakfasts: # of Lunches: # of Dinne  NOTE: Alcohol, tobacco and gratuities are not eligible expe  Refer to attached ESS Rates sheet for maximum allowable ra	enses RESP	uthority Signature  ACCT  ACCT  Suppl	510 79/	(Print Name)  B PRO  B A 3 7 3  BET 13	35 35 35 35
# of nights authorized: Tour tee (maximum 3) Refer to attached ESS Rates sheet for maximum allowable ra	ap cooging	Comments	rms must n ESS Rates s		n allowable rate. Ilowable rates
PES NO  # of people: Extreme winter conditions: YES  Refer to attached ESS Rates sheet for maximum allowable ra	NO No	recommode ughts u		v .,,	1
The personal information requested on this form is collected under the purposes and may be shared with other public bodies, organizations personal information is subject to the provisions of the <i>Freedom of Indisclosure</i> of this information should be directed to the Manager, Train Str. Prov. Govt., Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559	and/or agencies formation and Pi	only to enable the pro rotection of Privacy Ac	ovision of em t. Questions	ergency services. Di regarding the collec	isclosure of tion, use or
23. Signature of Family Representative .   24. Interviewers first na S.22   Court Click NOTE TO SUBBLIER   Sound original (white copy) of Po	i V.			(03   //	
NOTE TO SUPPLIER (Send original (white copy) of Re Emergency Management BC	eierrai form a	PO Box 9201, S			
Victoria BC	V8W 9J1		)-585-955		952-5831
PEP 2395 7530906047 (100/pak) (10/07/01) White copy - Supplier - Yellow C	Copy - Evacuee Pini	Copy - ESS Office, PEP (V.o	toria) Green C	opy - Documentation Unit	







## INVOICE FOR HOST FAMILY (BILLETING)

Date: Mar 11, 2013	PRP Task #	123 <i>735</i>
Date: 11:01-19 0013	(1	123735 (take from the top of the ESS Referral form)
s.2	22	
Name of Supplier: (your name)_		
Mailing Address: (your address)		
Phone Number: (your phone #)	-	
Name of Family Representative: (sa	me name as appe	ears on the ESS Referral form)
انخج	- NOWN-HARM	The state of the s
Date of Accommodation provided: I	From: Merch	_11, 2013 To: March 25, 2013
\$10.00 \$1 <b>6</b> .00	For first adult Deach additional a for each youth 13 for children 12 au	3-18
Accommodation provided for:		113 yours of age and over 112 years of age and under
Please pay: Fourteen x \$30 for fir x \$10.00 eac x \$ 5.00 for s.22	ch additional adult	$= \frac{4zo \cdot \infty}{4zo \cdot \infty}$
Name: (Please print)	,	
Signature: >		



Ministry of Public Safety and Solicitor General



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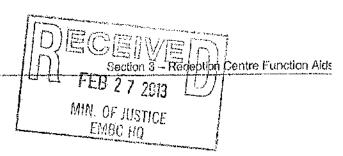
NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (while) copy of this Reterral form and submitto the Provincial Emergency. Program, See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Reterral form, call 4-800-663-3456.

NOT RE	EDEEMABLE	FOR CASH			K con many conduction and
3 NAME OF SUPPLIER \$.22	1. PEP T				585596
		<i>12373</i> :	<u> </u>	2, ESS File # (if applica	556
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	] _	9.			Dy by
	From	20,00	5	1013 00 1	1 approva
	То	" 20 00.	12.	013 02 2	5
13. At the request of the Community or District of		F FAMILY REPRESENTA	YIVE (tamily name, fi	rsl name)	
District of Liliant	s.22				
Please provide the following goods and services in accordance Emergency Social Services Rates attached, to the following per	with the   s.22	~96666A  b 160014δ6. } •	i⇔ AAΩDE (Edifform)	f from from the representation	(0)
16. Number of Adults or Youths (13 - 18):	Numb	er of Children (12	& under):		
Names:s.22	Names	::			
NOTETO ESS WORKER: Use one form for each o	different supplier /	AND Tick YES	or "NO" fot e	each category).	elow
TOOD YES X NO *** GST EXE		าก	$\Theta$ $J = I$	. 72	1-
Restaurant Meals OR Groceri	ies GOOI	S/SERVICES REC'O	Date(min/yy/dd	// by /e	signature
# of adult/youths: # of children:	CERT	FIED THAT THE AMOUN	(TTO BE PAID is con or contract and where	] rect, is in accordance with applicable, that the work	has been performed.
Total # of meals per person during "Valid Only" period:	the god	uthority for payment and/ ads supplied and the serv	ices randared endlor o	SOMICALLY	_/10/
# of Breakfasts: # of Lunches: # o	f Dinners: Spend	ing Authority Signature	Fart 2 60 1 45 5 1 1	(Print Name)	100/
NOTE: Alcohol, tobacco and gratuities are not eligible			CCT	STOB	PROJECT
Refer to attached ESS Rates sheet for maximum allow	able rates /<	196 120	200 7	918 1	3733.
18. LODGING YES NO *** GST EXE			Supplier 110289	7 s.22	V58558
Hotel/Motel OR Billeting NOTE: If more than one Referral form is issued for incidentals, the					
# of nights authorized: Fourier (maximum 3) by appoint Refer to attached ESS Rates sheet for maximum allowable rates					
Refer to attached ESS Rates sheet for maximum allow	· · · · · · · · · · · · · · · · · · ·	77			
Refer to attached ESS Rates sheet for maximum allowable rates  Comments: please provide  States sheet for maximum allowable rates  Comments: please provide					de
	YES NO	accomm	o date	on for	Loursen
# of people: Extreme winter conditions:	TES [] NO	(14) da	vs to	a total	d
Refer to attached ESS Rates sheet for maximum allow	able rates	0/ 9 560	#` ⊃:∞		
The personal information requested on this form is collected upurposes and may be shared with other public bodies, organize personal information is subject to the provisions of the Freedordisclosure of this information should be directed to the Manager PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phane	zations and/or agencie m of Information and I er, Emergency Social	s only to enable th Protection of Privac	e provision of ency Act. Questions	nergency services.  s regarding the coll	Disclosure of
* *	rs first name and initial of last	name (please print)	25, Date (YYYY MM		
	famela	end the live 1		102 11.	
NOTE TO SUPPLIER → Send original (white copy)					
Emergency Social Services Office, Provincial Eme	rgency Program		1, STN PRO		
Victoria BC	V8W 9J1	PHONE 1	-800-585-955	59 FAX (256	0) 952-5831







### INVOICE FOR HOST FAMILY (BILLETING)

Date: Feb 11, 2013 PEP Task # 123735  (take from the top of the ESS Referral form
s.22
Name of Supplier: (your name)
Mailing Address: (your address)
Phone Number: (your phone #)
raione availaget. (Pour priorie ry
Name of Family Representative: (same name as appears on the ESS Referral form) s.22
Date of Accommodation provided: From: 186 11 2013 To: 186 25, 2013
Daily Allowable Rates:  \$30.00 for first adult \$10.00 each additional adult, and \$6.00 for each youth 13-18 \$0.00 for children 12 and under
1
Accommodation provided for:  Two adults  children 13 yours of age and over children 12 years of age and under
Follow lever-
Four lege 14 x \$10.00 each additional adult = 140.00
Please pay: /// x \$30 for first adult = 420.00    x \$10.00 each additional adult = 140.00     x \$5.00 for each youth 13-18 =
TOTAL 560.00
Name: (Please print) s.22 s.22
Signature: ->



Ministry of Public Safety and Solicitor General



NOTETO SUPPLIER GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (LES) Sales					Strength of a true party of a true party	
NOT REDEE			<u>SH</u>	⊣ Referr	al# 58	5597
3. NAME OF SUPPLIER S.22	1. PEP TA	SK# 37	35	2. ESS File #	(if applicable)	
4.7					51155	<i>.</i>
<del>_</del>	_		VALID O	NLY		but
<b>a.</b>	From	ి పుల	. <b>6</b> 0.	20130	211	appro
<del>7,'</del>	То	11. 201	00 12.	2013 6		
13. At the request of the Community or District of	1	FAMILY REPI	RESENTATIVE (family nar	me, first name)		
District of hickoret	15 NAME OF		RCHASING GOODS (if dif	ferent troch Tamily re;	presentative)	
Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):	e longanie o					
16. Number of Adults or Youths (13 - 18): _ONE	Numb		ren (12 & under):			
Names:s.22	Names	:;		<u> </u>		
NOTE TO ESS WORKER: Use one form for each differe	ntelippler/	NID Flok	N/ESKOBINO	(a) & C   C   C   C   C   C   C   C   C   C	Jetoleve et-Italites	
17. FOOD YES NO *** GST EXEMPT	***		B da	Li	Z-J-Z	<u></u>
Restaurant Meals OR Groceries		DS/SERVICE			Signature	iala elakua ÖF
	CERT	IFIED THAT THE	Date(mm IE AMOUNT TO BE PAID ment and/or contract and and the services rendered a			performed.
# of adult/youths: # of children: Total # of meals per person during "Valid Only" period:	the go	ods supplied a	ment and/or confract and ind the services rendered a	ECTRONIC		- /wo
# of Breakfasts: # of Lunches: # of Dinn	ers: <b>5pe</b> n	ing Authority	Signature	(Pc	THE (VAILIE)	(10)
NOTE: Alcohol, tobacco and gratulties are not eligible exp		RESP	ACCT	STOB_	PROJ 127	2
Refer to attached ESS Rates sheet for maximum allowable re	ites /2	196	12200	1918	17 02/	50.5 <del>To 1000</del> 00
	Comr	nil #	Supplier ///	289	Rep 5	8557/
LOBOLICO E	1,00		more than one Re	formal form is i	-s.22 ssued for INCK	entais, uie
Hotel/Motel OR Billeting &	end probability	total of a	II Referral forms n	nust not excee	d maximum al	jowapie rate.
# of nights authorized: Fourteen (maximum 3)	F. P. Care	Refe	r to attached ESS F	Rates sheet for	maximum allow	able rates
Refor to attached ESS Rates sheet for maximum allowable r	ates	<sup>22.</sup> Com	ments: p/a	use pl	rovide	
19. CLOTHING YES NO *** GST EXEMPT	* **			ve Love	Lunde	Cal
# of people: Extreme winter conditions: YE		Cocce	mmodatie	<del>70 708</del>	1 2 C	1
	rates	Just	(X) 10	1. 10	Trace c	<del></del>
Refer to attached ESS Rates sheet for maximum allowable in		7	420 CO			
The personal information requested on this form is collected under purposes and may be shared with other public bodies, organization personal information is subject to the provisions of the <i>Freedom of</i> disclosure of this information should be directed to the Manager, El PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-8	Information and mergency Socia 00-585-9559	d Protection al Services	of Privacy Act. Que Office, Provincial E	estions regardir mergency Prog	ig the collection	osure of i, use or
and Discourse of English Programmative 21 . 24 Interviewers first	name and initial of la	ist name (pleas	· · · · · ·	YYY MM: DO)		
8.22	Acunela.	n and its	mized invoices	<u>ع دن ع</u> s to:	1/	
NOTE TO SUPPLIER - Send original (white copy) of F			D DOO'S OTS!		<del></del>	
Emergency Social Services Office, Provincial Emerger	icy Program	PO	Box 9201, STN PHONE		FAX	
Victoria BC	V8W 9J1	<del></del>	1-800-58		(250) 95	2-5831
	COC C	MALL DED AND	toria) Green Copy - Oce	tumentation Unii		







MAL OF MOTIOS

MIN. OF JUSTICE EMBC HQ

# INVOICE FOR HOST FAMILY (BILLETING)

TOLUIS for Aout bergouer range		22.7
Date: 12611, 2013	PEP Task.#(take	23735 from the top of the ESS Referral form)
s.2	22	
Name of Supplier: (your name)		<del></del>
Mailing Address: (your address)		
Phone Number: (your phone #)		نىسىد. ئامارى
Name of Family Representative: (s	ame name as appears	on the ESS Referral form)
Bericht Generalen zugebergebil	Company of the Control of the Contro	
Daily Allowable Rules.	From: [26 11, 26 00 for first adult 00 each additional adu 00 for each youth 13-18	It, and
210.0	00 for children 12 and	onder
\$ 0.0	iof children 12 and	CHICLY
Accommodation provided for:	owe adults children 13 children 12	yours of age and over years of age and under
fourteen		
Please pay: $14 \times $30 \text{ for}$	first adult each additional adult or each youth 13-18 TOTAL	= 420.00 =
Name: (Please print) s.22		And the second s
Signature: 🔀	-	



Ministry of Public Safety and Solicitor General



## REFERRAL

PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

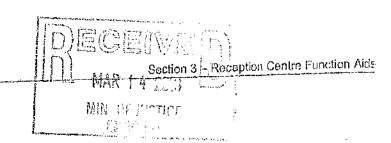
NOTE TO SUPPLIER: GST exempt # 107864738: Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

NOT REDEEMABLE FOR CASH					
3. NAME OF SUPPLIER \$.22	1 PEP			Referral # 5 ( 2. ESS File # (if applicable) 7 5 // 5	
7	From	9. 201.00	VALID ONL	Y 26/3:02:02 S	- by
At the request of the Community or District of  As Struct Of MULOOE  Please provide the following goods and services in accords  Erriergency Social Services Rates attached, to the following  15. Number of Adults or Youths (13 - 18):  Names:	ance with the g person(s):	per of Children (12	ATIVE (family name, fi	t from family representative)	
# of adult/youths: # of children: Total # of meals per person during "Valid Only" period: # of Breakfasts: # of Lunches:  NOTE: Alcohol, tobacco and gratuities are not el  Refer to attached ESS Rates sheet for maximum a	EXEMPT *  oceries  CERTIFIED other suchor the goods s  # of Dinner:  Spending A  ligible expen  allowable rate  EXEMPT *	SERVICES REC'D  THAT THE AMOUNT TO filly for payment and/or corupplied and the services results of the	Date(nim/yy/dd) Date(nim/yy/dd) DBE PAID is correct, niract and where applendered and/or condition in the co	by Signature is in accordance with appropriate icable, that the work has been positions met.  (Print Name)  PROJECT  B  1078  S.22  I form is assued for incomot exceed maximum a	identals, the
# of nights authorized 14 Fourteen (maximum Refer to attached ESS Rates sheet for maximum and CLOTHING YES NO *** GST	allowable rates	Refer to alted		sheet for maximum allow	
# of people: Extreme winter conditions:  Refer to attached ESS Rates sheet for maximum a	YES NO	Gecom of Jour \$42	godaho Geen Loo	nights	(14)
The personal information requested on this form is collected under the authority of the Emergency Program Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Str. Prov. Govt, Victoria, B.C. V8W 931 Phone: 1-800-585-9559					
23. Signature of Family Representative 124. Inter \$.22 NOTE TO SUPPLIER - Serrid original (white co	vicwers first name and initial of last	<u> </u>		100)	
Emergency Social Services Office, Provincial E			)1, STN PRO	V GOVT	
Victoria BC	V8W 9J1	PHONE	-800-585-955	FAX	52-5831







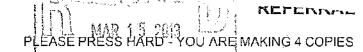
## INVOICE FOR HOST FAMILY (BILLETING)

forms for your personal records.		1		
Date: <u>Feb 05, 2013</u>	PEP Task#_	123 73 (take from the	top of the ESS Re	ferral form)
Name of Supplier: (your name)				
Mailing Address: (your address)				
Phone Number: (your phone #)				
Name of Family Representative: Isan	ne name as ap <sub>l</sub>	pears on the E	SS Referral form)	
Date of Accommodation provided: Fi	rom: <u>2013  </u>	02: 25 by	To: 2013 0	5: 4
(\$10.00)	For first adult each additions for each youth for children 12	nl adult, and 13-18		
Accommodation provided for:	ONE adults childr	en 13 yours of en 12 years of	age and over age and under	
Please pay: x \$30 for firs x \$10.00 each x \$ 5.00 for e	nt adult h additional ad each youth 13- TOTA	hult = 4  18 = 6	(20.00 (20.00	•
Name: (Please print)		may - Ad 1 h Shifted		
Signature: 🔀		فالشيسية إز هشتكم يهيان		



Ministry of Public Safety and Solicitor General





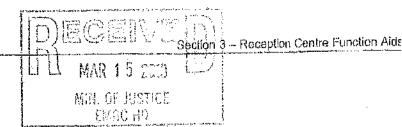
NOTE TO SUPPLIER: GST exempt # 107864738 Please attachatemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456.

NOTREDE	EMABLE FOR CASH
3. NAME OF SUPPLIER \$.22	1. PEP TASK # Referral # 585599 2. ESS FIG# (II applicable)
-	T511566
	VALID ONLY
	From 20,00 10. 2013 02:25 CAPOVA
	To 20.00 2013 03 11
3. At the request of the Community or District of	14. NAME OF FAMILY REPRESENTATIVE (family name, first name) S.22
Please provide the following goods and services in accordance with th Emergency Social Services Rates attached, to the following person(s)	
6. Number of Adults or Youths (13 - 18): 770	Number of Children (12 & under):
Names:s.22	Names: Names:
NOTE TO ESS WORKER: Use one form for each differe	GOODS/SERVICES REC'D DO 1/3/1/ by JZ
FOOD YES NO *** GST EXEMPT  Restaurant Meals OR Groceries	CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statue or other authority for payment and/or contract and where applicable, that the work has been parformed in the goods supplied end the services rendered and/or conditions mat.
# of adult/youths: # of children:	SIGNED ELECTRORICALLY / (A) / -
Total # of meals per person during "Valid Only" period:	Spending Authority Signature (Print Name)
# of Breakfasts: # of Lunches: # of Dinne	RESP ACCT STOB PROJECT
NOTE: Alcohol, tobacco and gratuities are not eligible expe	tes 110000 NET 38557
LODGING YES NO *** GST EXEMPT	- 1 8 70113 (70×0) [s.22]
# of nights authorized: Four team (maximum 3)	NOTE: If more than one Referral form is issued for incidentals, the total of all Referral forms must not exceed maximum allowable rate.  Refer to attached ESS Rates sheet for maximum allowable rates
Refer to attached ESS Rates sheet for maximum allowable ra	
CLOTHING YES NO *** GST EXEMPT	*** Propret
# of people: Extreme winter conditions: YES.	NO accommodation for fourteen
Refer to attached ESS Rates sheet for maximum allowable ra	les of \$560.00
purposes and may be shared with other public bodies, organizations personal information is subject to the provisions of the <i>Freedom of Int</i> disclosure of this information should be directed to the Manager, Eme PO Box 9201 Stn Prov Govt, Victoria, B.C. VBW 9J1 Phone: 1-800	-585-9559
Sonatura of Familia Romasadidata ( ) A 71. [] 24 Interviewers first har 8.22	me and initial of last frame (please print) 25, Date (YYYY MM DD)  (A) (20/3 09 25
OTE TO SUPPLIER - Send original (white copy) of Re	
Emergency Social Services Office, Provincial Emergency	
Victoria BC	V8W 9J1 1-800-585-9559 FAX (250) 952-5831
r2395(05/11/01) White copy - Supplier - Yellow Copy - Evaçuec - Pi 1996/047 (100/PAK)	tik Copy - ESS Office, PEP (Victoria) Green Copy - Documentation Unit Page 36 of 104 TRA-2016-64







As a bost family providing accommodation to those in need during a disaster, you may be compensated for the additional expenses you may have incurred at that time. You will need to complete this invoice and attach it to the white copy of the ESS Referral form. Submit both this invoice and the white copy of the ESS Referral form to the local Ministry of Human Resources Office indicated on the bottom of the

ESS Referral form. Please allow 6-8 weeks for receipt of payment. Please keep a photocopy of these forms for your personal records.	
Date: 166 25, 2013 PEP Task # 123 735  (take from the top of the ESS Referral form)	m,
Name of Supplier: (your name)	
Mailing Address: (your address)	
Phone Number: (your phone #)	
Name of Family Representative: (same name as appears on the ESS Referral form) s.22	-
Date of Accommodation provided: From: [6625, 20/3] To: Mar 11 20/3  Daily Allowable Rates: \$30,00 for first adult by approved.	<b></b>
Daily Allowable Rates:  \$30.00 for first adult \$\frac{\$10.00}{\$0}\$ each additional adult, and \$\frac{\$10.00}{\$0}\$ for each youth 13-18 \$\$0.00 for children 12 and under	
Accommodation provided for:  adults ehildren 13 yours of age and over children 12 years of age and under	
Please pay: 14 x \$30 for first adult = 140 00  14 x \$10.00 each additional adult = 140 00  x \$ 5.00 for each youth 13-18 = TOTAL 560.00	
Name: (Pleuse print) s.22 Signature: \( \nabla \)	
DEMIGRATION /	





### JULY GO GO OF THE PARTY OF THE

REFERRAL

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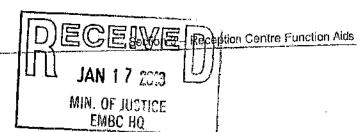
NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

NOT	T REDEEMABLE	FOR CASH	uerra ser kies et e <u>rterio en</u>	g this mit a h-i
3. NAME OF SUPPLIFR S.22		TASK# Q3735	2. ËS	rferral # 585591 SFILE # (If applicable) T 5/1556
		g	VALID ONLY	lay
	From To	11.	12.	approvide
13. At the request of the Community or District of  MSHACF OF Lelloocf	14. NAME S.22	OF FAMILY REPRESEN	TATIVE (family name, first-name	
Please provide the following goods and services in accord Emergency Social Services Rates attached, to the following	OHOC WILL A IC	OF PERSON PURCHAS	NG GOODS (if different from fa	mily representative)
Number of Adults or Youths (13 - 18): 7200. Names: s.22	Nemi Name	ber of Children (1) es:	2 & under):	
Restaurant Meals OR G  # of adult/youths: # of children Total # of meals per person during "Valid Only" period:  # of Breakfasts: # of Lunches:  NOTE: Alcohol, tobacco and gratuities are not e  Refer to attached ESS Rates sheet for maximum and the standard of the standa	# of Dinners:	SIGNES  SIGNES  SIGNES  SIGNES  AND 1 3 21  NOTE: if more total of all Reference	Oste (mm/ly/dd) UNIT TO BE PAID is correct, is different and where applied in the contract and where applied in the contract and different in the contract and different in the contract and different in the contract in the	PROJECT  PROJECT  S. 22  Invite  S. 22  Is is issued for incidentals, the ceed maximum allowable rate. for maximum allowable rates
The personal information requested on this form is collect purposes and may be shared with other public bodies, on personal information is subject to the provisions of the Fradisclosure of this information should be directed to the Ma PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9.11 P	ganizations and/or agenci ee <i>dom of Informatjon and</i> anager, Emergency Social hone: 1-800-585-9559	es only to enable to Protection of Priva Services Office, P	ne provision of emerger cv Act. Questions regat	cy services. Disclosure of
s.22	viewers first name and initial of last  Posmelor V  Post Post property forms		25. Date (YYYY MM 00) 20/3:01:0	i
NOTE TO SUPPLIER - Send original (white co Emergency Social Services Office, Provincial E			invoices to: 01, STN PROV GO	VT
Victoria BC	V8W 9J1	PHONE	-800-585-9559	(250) 952-5831







TOTHIS TOT AOTH Dergount Legerage					
Date: Jan / 20/3 PE	P Task#	/23 (take from th	735 e top of the E	SS Ref	erral form)
s.22 Name of Supplier: (your name)		,			
Mailing Address: (your address)					
Phone Number: (your phone #)					
Name of Family Representative: (same n	ame as app	ears on the E	SS Referral f	orm)	
Date of Accommodation provided: From	:01 JAN	2013	To: <u>/4 o</u>	TAN	2013.
		3-18		by .	approv
	o adults children	n 13 yours of n 12 years of	age and over	r Br	
Please pay: 14 x \$30 for first ad x \$10.00 each ad x \$ 5.00 for each	athonal adu	8 ==	40 60		
Name: (Please print) s.22					
Signature: ×.					





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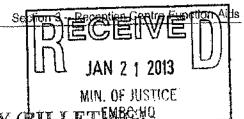
NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

	OT REDEEM	IABLE FO	OR CASH	<u> Artista (C. Maria Carilla).</u>			
3. NAME OF SUPPLIER \$.22		1. PEP TAS			2. ESS File # (if a		5590
13. At the request of the Community or District of  DSHCH G LUCO  Please provide the following goods and services in at Emergency Social Services Rates attached, to the following social Services Rates attached social Services Rates	ectocordance with the clowing person(s):	From To 14. NAME OF P 15. NAME OF P	20,00	12. FIVE (family name, I	Y 2073 07 2073 06 irst name)	sentative)	by approximately
NOTE:TO:ESS WORKER: Use one form fo	ST EXEMPT ***	•	ID TICK "YES"  DS/SERVICES RE	ciD62/1	3/28 by (	2 1 2013 2 1 2013 2 - 1	- 4
# of adult/youths: # of chi Total # of meals per person during "Valid Only" peri # of Breakfasts: # of Lunches: NOTE: Alcohol, tobacco and gratuities are of Refer to attached ESS Rates sheet for maxim	od: # of Dinners: not eligible expense	Spend Spend es Gorum	186 12	arvices rendered ar	is correct, is in according to a specific to	nat the work has b	
# of nights authorized: Four leave (14) (maxing Refer to attached ESS Rates sheet for maxing the CLOTHING YES NO *** G	mum 3) appr	22 m	Comments:	please	not exceed m sheet for max	aximum allovat	wable rate. ole rates
# of people: Extreme winter condition  Refer to attached ESS Rates speet for maxing	ns: YES [		days s	lation.	for for	ourteer "42c	ν 2-00
The personal information requested on this form is a purposes and may be shared with other public bodie personal information is subject to the provisions of the disclosure of this information should be directed to the PO Box 9201 Sto Prov Govt, Victoria, B.C. V8W 9.	es, organizations and he <i>Freedom of Infori</i> he Manager, Emerge	d/or agencies mation and Pri ency Social Se	only to enable the ofection of Privac	provision of e Act. Question	mergency serv s regarding the	rices. Disclos: e collection, u	ure of
23. Signature of Family Representative s.22  NOTE TO SUPPLIER - Send original (whit	4. Interviewers first name a Post Cla e copy) of Refe	V	. , ,	25. Date (YYYY Mi 20/3 ; nvoices to:			
Emergency Social Services Office, Province	cial Emergency F	Program	PO Box 920	1, STN PRO	V GOVT		
Victoria BC	V	8W 9J1	PHONE 1.	800-585-95	FAX	(250) 952-	5831







## INVOICE FOR HOST FAMILY (BILLETIME YO

TOTALS TOL YORK DELSOIGH TEOORGS.			
Date: JAN / 2013	PEP Task#_	/23735 (take from the top of the ESS Referral for	
s.2		(take from the top of the ESS Referral for	n)
Name of Supplier: (your name)	.2		
Mailing Address: (your address)			
Phone Number: (your phone #)			
Name of Family Representative: (sa	me name as ap	oppears on the ESS Referral form)	-
Date of Accommodation provided: I	From: Jon 1	, 20/3 To: Jan 14 20/3	
\$10.00 \$1 <b>0</b> .00	For first adult to each additionate for each youth for children 12	nal adult, and fn 13-18	
Accommodation provided for:		ts Iren 13 yours of age and over Iren 12 years of age and under	
Please pay: x \$30 for fir x \$10.00 eac x \$ 5.00 for	ch additional ad	J-18 = , , ,	
Name: (Please prin		_ <del></del>	
Signature:			





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NOTE TO SUPPLIER: GST exempt #:107864738. Please attachillemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency. Program: See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1:800-663-3456.

NOI	KEDEEN	IABLE	OK C	Aon		u mos	om am access
3. NAME OF SUPPLIER \$.22		1. PEP T		735	2, ESS-F	erral # 58; ite#(if applicable)	25 27 415
4	j		, 4,		-'  :	7 - July 17 - 17 - 17	وجب و
•			9.	VALID OF	VLY		by
		From	20	1.00.	2013	10115/	noora
7		То	11. Q	) . Q	2013	36/328	ω,
13. At the request of the Community or District of		14, NAME 0		EPRESENTATIVE (family name	e, first name)	<del> </del>	
District of Lilloot				ORCHASING GOODS (if differ			
Please provide the following goods and services in accorda Emergency Social Services Rates attached, to the following		15. NAME O			eeut irom :amii	y representative)	······································
16. Number of Adults or Youths (13 - 18):		Numb	er of Chil	dren (12 & under):			
Names:_s.22		Names	ši				
pura di tanana d							
NOTIFIC ESS WORKER Use one form fortea				(2)	ì		1 ;
FOOD YES NO *** GST	EXEMPT **		S/SERVIC	ES REC'D 13	123 by	(/ <t< td=""><td></td></t<>	
Restaurant Meals OR Gr	oceries	CERTIF	ED THAT T	Date(min/yy/o HE AMOUNT TO BE PAID is o yment and/or contract and whe	orriect is in ec	Signature Signature Scordance with appropriate that the work has been or	e status or 1/2 1/2
# cf adult/youths: # of children:		other su the good	luculà tot ba la subblied e	rid the services rendered and/o	ir conditions m	16t.	1. 1.
Total # of meals per person during "Valid Only" period:				SIGNED ELECT	TROMIC	ally /	[[]] _
# of Breakfastš: # of Lunches:	# of Dinners:		g Authority SP			Print Name) PROJEC	**
NOTE: Alcohol, tobacco and gratuities are not el	ligible expens		100		1/3//2	11-277	2
Refer to attached ESS Rates sheet for maximum a		157	1860.	12280 1	918	14010	~
18 LODGING YES NO *** GST	EXEMPT ***	Commit	<b>.</b> 5 28	11028	<u> </u>	BEF 58	5593
		777435		り If more than one Refer	rral form is	s issued far incide	entals, the
Hotel/Motel OR Dil	lleting by	1		all Referral forms mus			
# of nights authorized: Four Feer (14) (maximum	3) appro	علمه ين ل ا		er to attached ESS Rate	es sheet fo	r maximum əllowət	ole rates
Refer to attached ESS Rates sheet for maximum a	allowable rates		<sup>22,</sup> Con	iments: Pleas	2 pro	1400	
19 CLOTHING YES D NO *** GST	EXEMPT ***	*		omnodeho		Lourse	E-2
# of people: Extreme winter conditions:	YES	NO	des	is up to		60.00	-
Refer to attached ESS Rates sheet for maximum a	allowable rates	·	7.46.009				
The personal information requested on this form is collect purposes and may be shared with other public bodies, or personal information is subject to the provisions of the Fridisclosure of this information should be directed to the Ma PO Box 9201 Stn Prov Goyt, Victoria, B.C. V8W 9J1 P	ganizations an eedom of Infon anager, Emerg hone: 1-800-51	d/or agencia mation and ency Social 85-9559	es only to <i>Protection</i> Services	enable the provision of n of Privacy Act, Questio Office, Provincial Emer	emergeno ons regard gency Pro	y services. Disclosi ing the collection, t	ute of
<sup>23</sup> s.22	viewers first name :		t name (plea:				
	compla i		and 14-		. نان	7	
NOTÉ TO SUPPÉIER - Send original (white co	py) or Refe	rrai torm	and ite	mizeu mvoices to	·		
Emergency Social Services Office, Provincial E	mergency f	Program	PO	Box 9201, STN PR	OV GOV		
Victoria BC	V	8W 9J1		1-800-585-9	559	(250) 952-	-5831







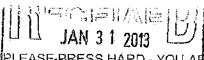
MIN. OF JUSTICE EMBC HQ

#### INVOICE FOR HOST FAMILY (BILLETING)

Date: Jan 14, 2013	PEP Task #	12373	35	
Dates entry	s.22	(take from the t	top of the ES	S Referral form)
Name of Supplier: (your nam	ne) _			
Mailing Address: (your addr	ress)			
Phone Number: (your phone	+#)(			
Name of Family Representat	ive: (same name as ap	pears on the ESS	S Referral for	771)
Date of Accommodation pro	vided: From: <u>JAN 1</u>	4,2013	Го: <i>Тых</i>	28, 2013
Daily Allowable Rates:	\$30.00 for first adult \$10.00 each additiona \$6.00 for each youth \$ 0.00 for children 12	al adult, and 13-18		
Accommodation provided for	childr	en 13 yours of ag en 12 years of ag	ge and over ge and under	
14 x \$10	0 for first adult 0.00 each additional ad 0.00 for each youth 13- TOTA	18 =	0-00 0-00	·
s.22 Name: <i>(Please print)</i> s.22				
Signature: 🗡				







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NOTE TO SUPPLIER: CST exempt # 107864738. Please attach itemized receipts and hive fire providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency. Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form; call 1-800-663-3456

NOT	REDEEMABLE	FOR CASH	
3' NAME OF SUPPLIER \$.22	1. PEP T		Referral # 585592
7		123735	2. ESS File # (if applicable)
			T511555
<u></u>		VALID ONL	Y hu
	From	9. 20.00 10.	2013 OI 14 apple
7	_	10.	
13. At the request of the County District	То	20.00. 2	2013 00 28
At the request of the Community of District of	I   - 00	F FAMILY REPRESENTATIVE Hamily name fit	ret name)
District of Lillcoot	·		
Please provide the following goods and services in accord Emergency Social Services Rates attached, to the followin	arrage trial life   [	r Person Purchasing GCODS (if different	troin family representative)
16. Number of Adults or Youths (13 - 18): 1000 (3	Numb	er of Children (12 & under):	
Names: _ s.22		51	
		,marana	
NOTE TO ESS WORKER Use one form for ea	ioh afferent supplier./	ND Tick YES for NOWing e	au estegograpelow
17		20	
	GOOD	S/SERVICE'S REC'D 202/13/28	by /
Restaurant Meals OR Gr	foceries CERTIP	Date(movyy)dd) ED THAT THE AMOUNT TO BE PAID is com	ect. is in accordance with appropriate status or -
# of adult/youths: # of children	. other ma	thorily for payment and/or contract and where a is supplied and the services rendered end/or or	applicable, that the work has been performed, 🐰 📗
Total # of meals <u>per person</u> during "Valid Only" period:	. 2	SIGNED BLECTRON	
# of Breakfasts: # of Lunches:	# of Dinners: Spending	g Authority Signature	(Print Name)
NOTE: Alcohol, tobacco and gratuities are not el	ligible expenses RE	SP ACCT S	TOB PROJECT
Refer to attached ESS Rates sheet for maximum a	/	86 12760 19	1/8 H 3/33
LODGING YES NO *** GST	EXEMPT *** MAR (	5 70v 110289	Ref 585592
Hotel/Motel OR 🕡 Bil	leting [	NUIE: If more than one Referral	form is issued for incidentals, the
# of nights authorized: Four/eex (maximum	in a		ot exceed maximum allowable rate.
Refer to attached ESS Rates sheet for maximum a	6.29 10 -	>2	sheet for maximum allowable rates
9.		Comments: please	provide
CLOTHING YES NO *** GST	EXEMPT ***	accommodatio	2 Par hande Or
# of people: Extreme winter conditions:	YES NO	Cur described	To force est
Refer to attached ESS Rates sheet for maximum a	allowable rates	(17) RALYS NO	EVIZO EX
The personal information requested on this form is collect	ed under the authority of th	e Eministratura Program Astrondia	7 400.00
<ul> <li>purposes and may be shared with other public bodies, ord</li> </ul>	anizations and/or agencies	s only to enable the provision of em-	erdency services. Disclosure of
personal information is subject to the provisions of the Freddisclosure of this information should be directed to the Ma	edom of Information and P mager, Emergency Social S	<i>rotection of Privacy Act.</i> Questions Services Office, Provincial Emergen	regarding the collection, use or
PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Pt	norie: 1-800-585-9559	- The state of the	oy i rogitati,
3. Signature of Family Representative 24. Intens. S.22	newers first name and initial of last r		· ·
ر NOTE TO SUPPLIER L Send original (white co	Valueta V	2013.0	01-14
		-	
Emergency Social Services Office, Provincial E	mergency Program	PO Box 9201, STN PROV	GOVT
Victoria BC	V8W 9 <b>J</b> 1	PHONE 1-800-585-9559	FAX (250) 952-5831





Date: Jun 14, 2013 PEP Task # 123 735	
Date: Jun 14, 2013 PEP Task # 123735  See Section 14, 2013 PEP Task # 123735	Referral form)
Name of Supplier: (your name)	
Mailing Address: (your address)	
Phone Number: (your phone #)	
Name of Family Representative: (same name as appears on the ESS Referral form s.22	7)
Date of Accommodation provided: From: Jan 14, 2013 To: Jan 2	8, 2013
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under	
Accommodation provided for:  adults children 13 yours of age and over children 12 years of age and under  Please pay:  x \$30 for first adult = #20.00	
Please pay: $14 \times $30$ for first adult $= 430 \times $30$ for first adult $= \times $10.00$ each additional adult $= \times $5.00$ for each youth 13-18 $= \times $10.00$	,
Name: (Please pri:	
Signature: x	





#### FEB 14 2013 PLEASE PRESS HARD - YOUR

REFERRAL

PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST-exempt # 107864738. Please attach; itemized receipts and involces providing specific details or goods and/or services along with the original (white) copy of this Referral form and submittle the Provincial Emergency Program. See reverse formore detailed information and billing instructions.

If no Emergency Social Services (ESS) (Rates sheet is attached to this Referral form, call 1/800/663-3456).

NOT R	REDEEMABLE	FOR CASH			
3. NAME OF SUPPLIER \$.22	1. PEP		2. ESS [	erral # 535 19#(   applicable) 5 1/55(	
	From	9. 20 00 10. 11. 20 00 12.	2013	611 29 62 H	oupproun
At the request of the Community or District of  DISTACT OF LECCION  Please provide the following goods and services in accordance Emergency Social Services Rates attached, to the following post-  16. Number of Adults or Youths (13 - 18): TWO  Names:	e with the erson(s):	of FAMILY REPRESENTATIVE (family had).22 of PERSON PURCHASING GOODS (if diff		ly representative)	
NOTE: Alcohol, tobacco and gratuities are not eligit	eries centres controller controll	DS/SERVICES RECTO 2 / Date/movil FIED THAT THE AMOUNT TO BE PAID authority for payment and/or contract and roods supplied and the services rendered at SIGNED ELECTRICAL Authority Signature	3/28 by whide) is correct, is in: where applicable offer conditions	Signature Signature secordance with appropris	performed.
Refer to attached ESS Rates sheet for maximum allow		100   200   1 it# Supplier 100 5 200   100 8	9 9	100 58.	5 5594
# of nights authorized: Factor Refer to attached ESS Rates sheet for maximum allow	approview	NOTE: If more than one Refetotal of all Referral forms mu Refer to attached ESS Rate22.	ist not exce las sheet for	ed maximum allow r maximum allowabi	vable rate.
# of people: Extreme winter conditions: Refer to attached ESS Rates sheet for maximum allow	YES NO	Occommodery (14) Okrys	se po for f	rovide Brifaurte Zitotal	of
I A	izations and/or agencie om of Information and . jer, Emergency Social.	he Emergency Program Act and so only to enable the provision of Protection of Privacy Act. Questi Services Office, Provincial Emergence (Please print) [25. Date (YYYY)]	f emergency ions regerdia rgericy Prog	r services, Disclosur ng the collection, us ram,	re of e or
NOTE TO SUPPLIER Send original (white copy)		and itemized invoices to	): 		
Emergency Social Services Office, Provincial Eme	ergency Program	PO Box 9201, STN PR	OV GOV	T	1
Victoria BC	V8W 9J1	PHONE 1-800-585-9	1	(250) 952-5	831





forms for your personal records.
Date: Jan 28 2013 PEP Task # 123735  (take from the top of the ESS Referral form,
Name of Supplier: (your name)
Mailing Address: (your addres.
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form) s.22
Daily Allowable Rates:  \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for:  adults children 13 yours of age and over children 12 years of age and under
Please pay:
Name: (Please print) s.22
Signature:





Kitzake-Emilienik

REFERRAL

PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738 Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submitted the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

ГОИ	r REDEEMABLE	E FOR CA	ASH.	[]		
3. NAME OF SUPPLIER \$.22		TASK# ス3フラ	15	[ L	Referral #	
4 /		<del></del>	·······			
5. '		<u> </u>	·	ONLY		bul
1	Fror	n   "	2.00		1301 29	appro
(,	T	11.		12.	13 02 1/2	
13. At the request of the Community or District of			RESENTATIVE (tamil	v name, first	name)	
District of Lillooct	<u>                                   </u>	22				
Please provide the following goods and services in accord Emergency Social Services Rates attached, to the following	ance with the	OF PERSON PU	RCHASING GOODS (	il different fra	m family representative)	
16. Number of Adults or Youths (13 - 18):	Nun	ber of Child	ren (12 & under)	 		
Names:s.22	Nam	tes:			·	
NOTE TO ESS WORKER: Use one form for ea	ach different supplie	AND Tick	"YES"(or "NO	for ea	ch category belo	)W
TFOOD YES NO *** GST	EXEMPT ***	<sup>20</sup> TRANS	SPORTATION	<b>√</b> YES	NO*** € € 7	'EVENINT
Restaurant Meals OR G	roceries	.GOOD\$/8ERV	rices Rec'd	02/13/	28 by JZ	
# of adult/youths: # of children	:	CERTIFIED THA	THE AMOUNT TO B	ite(mm/yy/dd E PAID is cor	rect, is in accordance will	abbioblis arelains of
Total # of meals per person during "Valid Only" period:		other authority for the goods supplie	id and the sarvices rent	dered and/or		res been pencimed.
# of Breakfasts: # of Lunches:	# of Dinners;	C		LECTR	ONICALLY (Print Name)	(470°)
NOTE: Alcohol, tobacco and gratuities are not e	. <del></del>	Spending Autho	ACCT	<u>-</u>	STOB	PROJECT
Refer to attached ESS Rates sheet for maximum	allowable rates	11194	1700	20	7918 1	2725
18. LODGING A YES NO *** GST	EXEMPT ***	Commit # 5	2013 M	plier	3 166	583595
Hotel/Motel OR A Bi	lleting		2/0	must not	exceed maximum	
# of nights authorized: force (maximum	3) by barrel				et for maximum all	
Refer to attached ESS Rates sheet for maximum	allowable rates	<sup>22.</sup> Comn	nente: /			
19. CLOTHING YES NO *** GST	EXEMPT ***		icilis. ple	Call.	producte	<u></u>
		Occ	commode	a40	a for	
# of people: Extreme winter conditions:		Low	Neen	steen	10. lo	2
Refer to attached ESS Rates sheet for maximum	allowable rates	1)0	lul c	210	\$420 c	Ö
The personal information requested on this form is collect purposes and may be shared with other public bodies, or personal information is subject to the provisions of the Fridisclosure of this information should be directed to the May PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 P	ganizations and/or agend eedom of Information and anager, Emergency Soci	cies only to er d Protection o	iable the provisio If Privacy Act, Qu	n of emer <sub>t</sub> estions re	essary for administ gency services. Dis garding the collecti	closure of
23. S.22	viewers first name and initial of b	ist riame (please p	. ) .	YYY MM DD)		
NOTE TO SUPPLIED Good original (white an	pulat Botassal for	e and ita-			01.29	
NOTE TO SUPPLIER - Send original (white co		n and item	izea invoices	5 to:		
Emergency Social Services Office, Provincial E	mergency Program		x 9201, STN	PROV (		
Victoria BC	V8W 9J1	P	1-800-58	5-9559	(250) 9	52-5831
EP2395(05/11/01) White copy - Supplier Yellow Copy	- Evacuee Pink Copy - ESS O	ffice. PEP (Victoria	Green Cook - Doc	umentation (	loit	





OC 7.5/3 DUB Trails #	123 735
Date:	(take from the top of the ESS Referral form)
Name of Supplier: (your name)	
Phone Number: (your phone #)	
Name of Family Representative: (same name as apparent	pears on the ESS Referral form)
Daily Allowable Rates:  \$30.00 for first adult \$10.00 each additiona \$6.00 for each youth \$0.00 for children 12	al adult, and 13-18
childr	en 13 yours of age and over en 12 years of age and under
Please pay:     X \$30 for first adult   x \$10.00 each additional ad   x \$5.00 for each youth 13-  TOTA	18 =
Name: (Please print)	<del></del>
Signature: 🗸	





#### PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738: Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program, See reverse for more detailed information and billing instructions. If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

NOT	REDEEMABLE	FOR C	ASH	[	ر غيو	
3. NAME OF SUPPLIER S.22	1. PEP		·		erral#58	35580
5.22	16	37	<u>35</u>		ite # (il applicable)	<i>y</i> .
*					<i>511</i> 55	6
5			VAI	ID ONLY	····	_ , , ,
_	From	20	5,00	2012	12 01	1 Ry
7.	To	11. S)c	2.00	12.	12 31	approxim
13. At the request of the Community or District of	14. NAME O	F FAMILY R	EPRESENTATIVE (fa	mily name, first name)		
District of Lilloof		s.22	·			
Please provide the following goods and services in accordant Emergency Social Services Rates attached, to the following	ice with the [ ]	F PERSON F	HURCHASING GOOD	S (if different from fami	ly representative)	
16. Number of Adults or Youths (13 - 18) 7220		on of Chil	deán /12 g und			
Names:		s:	aren (12 & tina	er):	14 <del>-1-3</del>	
	<u> </u>					
			<del></del>		<u>Kento</u>	
NOTE TO ESS WORKER: Use one form for eac	h different suppli					. /
"FOOD YES NO *** GST E	XEMPT ***	GOODS/S	ERVICES REC'D	02/13/07	by 72-	Signature
Restaurant Meals OR Grou	ceries			Dataimmivvioui	-t :- to necesiarea wit	h angregriale stalue or
# of adult/youths: # of children: _		other eutho the goods s	upplied and the servi	Sez Leucel en euman con	imino.	.,,
Total # of meals per person during "Valid Only" period:				DELECTRO	NICALLY (Print Name)	
# of Breakfasts: # of Lunches:	# of Dinners:	Spanding / RES	Authority Signature	CCT	STOB	PROJECT
NOTE: Alcohol, tobacco and gratuities are not elig	jible expenses	A CONTRACTOR	1/ 177	00 79	118 1	37735
Refer to attached ESS Rates sheet for maximum all	owable rates 🙎	Sommit #	760	Supplier	- Invers	(VOXA)
18. LODGING YES NO *** GST EXEMPT ***						
Hotel/Motel OR A Bille	ting approval			Referral form is ns must not exce		
# of nights authorized: Thury One (maximum 3)	) agyri-			SS Rates sheet to	_	1
Refer to attached ESS Rates sheet for maximum all	lowable rates	<sup>22.</sup> Com	ments:		12400	
CLOTHING YES NO *** GST E	XEMPT ***		P	lease	rover	,
# of people: Extreme winter conditions:	T YES T NO	CIC	COMMO	Ocaty Den	for The	why
Refer to attached ESS Rates sheet for maximum all		ene	days	up to	91240	2.50
The personal information requested on this form is collected under the authority of the <i>Emergency Program Act</i> and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the <i>Freedom of Information and Protection of Privacy Act</i> . Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559						
1.6	ewers first name and initial of las			(YYYY MM DO)		
NOTE TO SUPPLIER - Send original (white cop		ANNE		2012 12	01	
Emergency Social Services Office, Provincial En			· · · · · ·	ies to: N PROV GOV		
Victoria BC	V8W 9J1		PHONE		FAX	5 5004
V/0.0010 DO	VOVV 9J-!		1-800-	585-9559	(250) 95	∠-5831





forms for your personal records.
Date: December 1, 2012 PEP Task # 123735  (take from the top of the ESS Referral form,
Name of Supplier: (your name)
Mailing Address: (your address,
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form) s.22
Date of Accommodation provided: From: DEC 1, 2012 To: DEC 31, 2012
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for:  2 TOO adults  children 13 yours of age and over  children 12 years of age and under
Please pay: Throne x \$30 for first adult = $\frac{930.00}{\text{merky one}} \times $10.00$ each additional adult = $\frac{310.00}{\text{TOTAL}} = \frac{7240.00}{1240.00}$
Name: (Please print), s.22
Signature: 4.

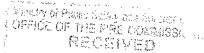


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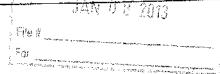
NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of

goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456 NOT REDEEMABLE FOR CASH Referral # 585583 1. PEP TASK# 3, NAME OF SUPPLIER 2. ESS File # (if applicable) s.22 *「5115*55 VALID ONLY From At the request of the Community or District of 15. NAME OF PERSON PURCHASING GOODS (if different from family representative) Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s): Number of Children (12 & under): 16. Number of Adults or Youths (13 - 18): \_ONG Names:\_\_\_\_s.22 NOTE TO ESS WORKER: Use one form for each different supplie **GST EXEMPT \* FOOD** CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statue or other authority for payment and/or contract and where applicable, that the work has been performed, the goods supplied and the services rendered and/or conditions met. Restaurant Meals SIGNED ELECTRONICALLY # of adult/youths:\_\_ Total # of meals per person during "Valid Only" period: Spending Authority Signature # of Lunches:\_\_\_\_ # of Dinners: 5T08 PROJECT # of Breakfasts:\_\_\_ NOTE: Alcohoi, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates s.22 \*\*\* GST EXEMPT \*\*\* LODGING YES NOTE: If more than one Referral form is issued for incidentals, the A Billeting by total of all Referral forms must not exceed maximum allowable rate. # of nights authorized: Thuty ONE (maximum 3) CEPPISC Refer to attached ESS Rates sheet for maximum allowable rates Refer to attached ESS Rates sheet for maximum allowable rates \*\*\* GST EXEMPT \*\*\* NO Duc CLOTHING NO Extreme winter conditions: # of people;\_ Refer to attached ESS Rates sheet for maximum allowable rates The personal information requested on this form is collected under the authority of the Emergency Program Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559 24. Interviewers first name and initial of last name (please print) <u>-</u> s.22 2012:12:01 Pemela U EILEGN S/ NOTE TO SUPPLIER - Send original (white copy) of Referral form and itemized invoices to: PO Box 9201, STN PROV GOVT Emergency Social Services Office, Provincial Emergency Program PHONE

Victoria BC



Section 3 - Reception Centre Function Aids





### INVOICE FOR HOST FAMILY (BILLETING)

forms for your personal records.			
Date: DEC 1, 2012	PEP Task#	123 735 (take from the top of the E	SS Referral form)
s. Name of Supplier: (your name)	22		
Mailing Address: (your address)			
Phone Number: (your phone #)			
Name of Family Representative: (	same name as app	pears on the ESS Referral j	form)
Date of Accommodation provided	l: From: <u>DEC</u>	1, 2012 To: DE	C 31, 2012
\$10. \$1 <b>6</b> .	.00) for first adult .00 each additiona 00 for each youth 00 for children 12	13-18	
Accommodation provided for: (1	childre	en 13 yours of age and ove en 12 years of age and und	er
Please pay: Inut x \$30 for x \$10.00 c x \$ 5.00 f	first adult each additional ad or each youth 13-1 TOTA	18 =	<del>-</del>
Name: (Please print) s.22			
Signature: <u></u> ✓			





PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456.

NC	T REDEEMABL	E FOR	CASH		
s.22		P TASK #		∏ Re	eferral # 585582
}	<u></u> [	12	<u> 3735                                   </u>	2.ES	S File # (if applicable) 7 5 / 1 / 5 5
			Vicinio		7 37/3 3 3
	_	9.	VALID O	NLY	
†	Fro	m c	20:00	201	2 10 31
		0 11.	20.	وريو	
13. At the request of the Community or District of		F OF FAMILY	PEDRESENTATIVE (6	~ <i>O</i> ~~	· //· 30.
District of Lillocat		s.22			
Please provide the following goods and services in according to the following goods are serviced to the following goods and the following goods are serviced to the following goods are serviced to the following goods are serviced to the following goods and the following goods are serviced to the following goods are service	dance with the ing person(s):	فريواة ألا أ			iong representative)
16. Number of Adults or Youths (13 - 18): ONE	4 - 1 - 2 - 3		hildren (12 & under):		
Names:_s.22	Nar	nes:	<del></del>		<del></del>
					<del>//-</del>
NOTE TO ESS WORKER. Use one form for a	each different supp			ALAT IV IN BURNEY	
17. FOOD TYES NO *** GS1	EXEMPT ***	i Bawa			
Restaurant Meals OR			CES REC'D 02/13/	() "? dan	JV / C
# of adult/youths: # of childre		HITEO THAT Buthority for Code supplier	THE AMOUNT TO BE PAID Is a payment and whe	omed, is in re applicat	Signature  Signature  Secondance with appropriate statue or le, that the work has been performed,
Total # of meals per person during "Valid Only" period:		Фаррия	payment and/or contract and when and the services rendered and/of CONED ELECTRO	r condilion	met.
# of Breakfasts: # of Lunches:			ty Signature	<u> </u>	(Print Name)
NOTE: Alcohol, tobacco and gratuities are not	eligible expenses	RESP		STOB	PROJECT
Refer to attached ESS Rates sheet for maximum	allowable rates		12200 1 7	918	13373X
18. LODGING YES NO *** GST	EXEMPT ***	The	Supplier of Fin	89	MEFS8STAZ
☐ Hotel/Motel OR 📈 B	illeting by	NOTE:	If more than one Refer	al form	s.zz
# of nights authorized: THIRY (maximum	3) approval	total o	i all Referral forms mus	t not exc	ceed maximum allowable rate. for maximum allowable rates
Refer to attached ESS Rates sheet for maximum	allowable rates	22		2 21/6-9( )	or maximum allowable rates
19.	EXEMPT ***	Cor	nments: please	p.	rockde
# of people: Extreme winter conditions:		acc	omnoclahdi		y thirty (3)
	YES NO	da	us for a		- And -
Refer to attached ESS Rates sheet for maximum	allowable rates	190	C CO		900,00
The personal information requested on this form is collect purposes and may be shared with other public bodies, or personal information is subject to the provisions of the Friedisclosure of this information should be directed to the M. PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Fps.22	ganzauons ang/or agend eedom of Information and anader, Emergency Socia	ies only to I Protectio	enable the provision of e	mergen	cy services. Disclosure of
25 - 14. Inter	viewers first name and initial of la	st name (plea	I'	. ,	
NOTE TO SUPPLIER - Send original (white co	runda V	and it	<u> 2012</u>	<u>: 10</u>	: 31
		İ			
Emergency Social Services Office, Provincial E	mergency Program	PO	Box 9201, STN PRC	V GOV	
Victoria BC	V8W 9J1		PHONE 1-800-585-95	59	(250) 952-5831





forms for your personal records.
Date: Oct 31, 2012 PEP Task # 123 735  (take from the top of the ESS Referral form)
Name of Supplier: (your name)
Mailing Address: (your address)
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form)
Date of Accommodation provided: From: Nou1 2012 To: Nou 30 2012
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for: (bNE) / adults children 13 yours of age and over children 12 years of age and under
Please pay: (36)    X \$30 for first adult   = 700 00
Name: (Please <sup>s.22</sup>
Signature: X



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NOTE TO SUPPLIER. GST exempt # 107864738 Please affacts itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency.

Program: See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456.

NOT	REDEEMABLE F	OR CASH	The first and from the first for of
3. NAME OF SUPPLIER \$.22	1. PEP T/ /2	3735	Referral # 585581
13. At the request of the Community or District of  23 Act of 54 Act occupants  Please provide the following goods and services in accordant  Emergency Social Services Rates attached, to the following  16. Number of Adults or Youths (13 - 18): TOO  Names: \$.22	From To  14. s.22  15. NAME OF person(s):	PERSON PURCHASING GOODS (if d	7511556  ONLY 2012 11 01 2012 11 30
NOTETOESS WORKER Use one form for each	sh different supplier A	NDTTICK" YES" or "NO"	for each category below.
# of adult/youths: # of children: Total # of meals <u>per person</u> during "Valid Only" period:	# of Dinners:	GOODS/SERVICES REC'D  CERTIFIED THAT THE AMOUNT TO other authority for payment and/or or the goods supplied and the services.  CICINET EL Spending Authority Signature  RESP ACCT	
# of nights authorized: Theref (3c) (maximum 3)  Refer to attached ESS Rates sheet for maximum a	// // // // // // // // // // // // //	rotal or all Kererral torres in Refer to attached ESS R	ates sheet for maximum allowable rates
f**	nanizations and/or agencie edom of Information and F nager, Emergency Social none: 1-800-585-9559 rewers first name and initial of last	s only to enable the provision Protection of Privacy Act. Que Services Office, Provincial Emplane (please print) 25. Date (YY	of emergency services. Disclosure of stions regarding the collection, use or hergency Program,
Emergency Social Services Office, Provincial E		PO Box 9201, STN F	
Victoria BC	V8W 9J1	PHONE 1-800-585	FAX





forms for your personal records.
Date: Nov / 2012 PEP Task # 123 735  (take from the top of the ESS Referral form)
Name of Supplier: (your name)
Mailing Address: (your address,
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form) s.22
Date of Accommodation provided: From: Nov 1, 2012 To: Nov 36, 2012
Daily Allowable Rates:  \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for: (2) Two adults children 13 yours of age and over children 12 years of age and under
Please pay: $3 \circ x $30$ for first adult $= 900$ $3 \circ x $10.00$ each additional adult $= 300$ x \$5.00 for each youth 13-18 $= 1000$
Name: (Please print) _ s.22
Signature:



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#### REFEKKAL

PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency goods.

goods and/or services along was detailed information and billi Program See reverse for more detailed information and billi Social Services (ESS) Rates sh	grinsmuctions let is attached to this Referral form; call 1-800-563-3456 ABLE FOR CASH Referral # 5.8.55	
I/no Emergency Social Services (COO)	ABLE FOR CASH Referral # 5855	79
3.22	1. PEP TASK # 7.23 7.35 Z. ESS File II (if applicable) 7.511.5.55	
	VALID ONLY	
	From 20.00 2012/10/01	
-	11. 12. 12. 12. 13. 3/	
=	14. NAME OF CAME V REPRESENTATIVE (family name, first name)	
13. At the request of the Community or District of	5.22	
marker / LICOUTT	15, NAME OF PERSON PURCHASING GOODS (if different from the control of the control	
Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):	Number of Children (12 & under):	
16. Number of Adults or Youths (13 - 18): ONE	Number of Children (12 d disas)	
Names:s.22	The state of the s	1
	by Flooring	<u> </u>
NOTE TO ESS WORKER: Use one form for each differen	GOODS/SERVICES REC'D	stellue of *
17. FOOD YES NO *** GST EXEMPT	GOODS/SERVICES Date(mm/yy/ad)  Date(mm/yy/ad)  CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate other authority for payment and/or contract and where applicable, that the work has been profited authority for payment and/or conditions met. The goods supplied end the services rendered and/or conditions met.	-
Restaurant Meals OR Groceries	other authority for psyman, an include rendered and/or condition the goods supplied and the services rendered and/or condition.  SIGNED ELECTRONICALLY  (Print Name)	<u>.</u> .
# of children:	Spending Authority Signature PROJ	ECT *
Total # of meals per person during "Valid Only" periop.	ACCT 12 2	135_
# Of Lucidies.	( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	579-
NOTE: Alcohol, tobacco and gratuities are not eligible expl Refer to attached ESS Rates sheet for maximum allowable re	rises Commit 1/028/12015.00	
	***	
18. LODGING YES NO *** GST EXEMPT	NOTE: If more than one Referral form is issued for incid	entals, the owable rate
Hotel/Motel OR Billeting	NOTE: If more than one Referral form is issued for more total of all Referral forms must not exceed maximum allows.  Refer to attached ESS Rates sheet for maximum allows.	ble rates
# of nights authorized: Thenty one (maximum 3) Cafe	gradeo	• •
Refer to attached ESS Rates sheet for maximum allowable		.61
19. CLOTHING YES NO *** GST EXEMP	- accommodation to	11 00
# of neople: Extreme winter conditions: [] YE	ene racy f	ax of
Refer to attached ESS Rates sheet for maximum allowable	rates 930.00.	live
	Emergency Program Actains is recovery	osure of
The personal information requested other public bodies, organization purposes and may be shared with other public bodies, organization of the Freedom of the Preedom of the	the authority of the charge the provision of emergency services. Used is and/or agencies only to enable the provision of emergency services. Used information and Protection of Privacy Act. Questions regarding the collection mergency Social Services Office, Provincial Emergency Program, pp. 545, 9559.	, 640 01
personal modification to stay and the directed to the Manager, the directed to the directe	nn-585-9559	
PO Box 9201 Str. Ploy 3014 24, interviewers fin	name and initial of last name (please print)	<del></del>
3 S.22	Particle C 20/3 07 30	
NOTE TO SUPPLIER - Send original (white copy) of	ncy Program PO Box 9201, STN PROV GOVT	
Emergency Social Services Office, Provincial Emerg	IPHONE PAX	52-5831
	V8W 9J1	
Victoria BC  White copy: Supplier Yellow Copy: Evacua	Plnk Copy - ESS Office, PEP (Victoria) Green Copy - Documentation Unit	

Section 3 - Reception Centre Function Aids





MAY 4 5 785

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#### INVOICE FOR HOST FAMILY (BILLETING)

Date: Sept 30, 2012 PEP Task # /23 7 3 5  (take from the top of the ESS Referral form)  s.22  Name of Supplier: (your name)  Mailing Address: (your address)  Phone Number: (your phone #)  Name of Family Representative: (same name as appears on the ESS Referral form)  s.22  Date of Accommodation provided: From: Septem 1, 2012 To: October 31, 2012  Daily Allowable Rates: \$30.00 for first adult  \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Mailing Address: (your address)  Phone Number: (your phone #)  Name of Family Representative: (same name as appears on the ESS Referral form)  s.22  Date of Accommodation provided: From: October 1, 20/2 To: October 31, 20/2  Daily Allowable Rates: \$30.00 for first adult  \$10.00 each additional adult, and \$10.00 for each youth 13-18
Phone Number: (your phone #)  Name of Family Representative: (same name as appears on the ESS Referral form)  s.22  Date of Accommodation provided: From: Deficier 1, 2012 To: October 31, 2012  Daily Allowable Rates: \$30.00 for first adult  \$10.00 each additional adult, and \$10.00 for each youth 13-18
Name of Family Representative: (same name as appears on the ESS Referral form)  s.22  Date of Accommodation provided: From: Deficient 1, 2012 To: October 31, 2012  Daily Allowable Rates: \$30.00 for first adult  \$10.00 each additional adult, and \$10.00 for each youth 13-18
Date of Accommodation provided: From: Depoler 1, 2012 To: October 31, 2012  Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18
\$10.00 each additional adult, and \$10.00 for each youth 13-18
th 0.20 for plitteress 12 hira prints
Accommodation provided for:  original adults  children 13 yours of age and over  children 12 years of age and under
Please pay: $\frac{7000}{0000} \times $30$ for first adult = $\frac{930.00}{000} \times $10.00$ each additional adult = $\frac{730.00}{000} \times $5.00$ for each youth 13-18 = $\frac{930.00}{000} \times $1000$
s.22 Name: (Please p
Signature:





REFERRAL

...RLEASE PRESS HARD YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456.

NOT	REDEEMABLE	FOR CASH			
3. NAME OF SUPPLIER	1. PEP 1			Referral # 58	:5573
s.22 -	12	<i>3 73</i> 5		2. ESS File # (if applicable)	
4				T51155	, 5
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7	110111	32 0 , DC	12.	0120501	Inclusive
	To	Destination		12 05 31	by proval
13. At the request of the Community or District of	14. NAME 7	22	III (formitie manus Fest		-approved
District of Lillooot	S.	22			
Please provide the following goods and services in accorda	ance with the	F PERSON PURCHASING	SCODS (if different fr	rom (amily representative)	
Emergency Social Services Rates attached, to the following					
16. Number of Adults or Youths (13 - 18):	Numb	er of Children (12 &	under):		
Names:s.22	Name	s:	- 1 5 T 125		
		,	NONE		1
NATE TO ESSWAPIZED US SO CONST		WID THE WATER			YV-18-70:XXX
NOTE TO ESS WORKER: Use one form for ea	Curalite eur sahaker	HIND-TICK A #9 C	i in a lone:	ich category below	
FOOD YES NO *** GST	EXEMPT ***	/	$\bigcirc$	$A \cap A$	V1
Restaurant Meals OR Gr	oceries GOOI	DS/SERVICES RECT	<u>//,                                    </u>	by by - 1 bre	X
# of adult/youths: # of children:	CERTI	FIED THAT THE AMOUNT	Date(mmi/yy/dd) TO BE PAID is corre	Signatured, is in accordance with approp	ī l
# of adult/youths: # of children: Total # of meals per person during "Valid Only" period:	tha god	uthority for payment end/or a ids supplied and the service	contract and where a s rendered and/or co	ed, is in accordance with approp policable, that the work has bee aditions met.	u belloumed,
			D ELECTR		/020
# of Breakfasts: # of Lunches:	# of Dinners: Spendl	ng Authority Signature		(Print Neme)	- (01897)
NOTE: Alcohol, tobacco and gratuities are not el	igible expenses	ESP ACCY	sm	OB PROJ	CT .
Refer to attached ESS Rates sheet for maximum a	illowable rates	195 1226	70 30	775 A37	35
18. LODGING YES NO *** GST E	EXEMPT ***	186	Supplier 89	7 Prest 53	2552
Hotel/Motel OR 🔀 Bill	JUL	NOTE: If more than	one Referral f	orm is issued for incid	lentals, the
		total of all Referral	forms must no	ot exceed maximum all	owable rate.
# of nights authorized: Thurty ONE (maximum )	Vic		d ESS Rates st	neet for maximum allowa	ible ratés
Refer to attached ESS Rates sheet for maximum a	allowable rates	Comments:	2/2000		
CLOTHING YES NO *** GSTE	EXEMPT ***		reuse ,	supply	
# of people: Extreme winter conditions:	T YES NO	CLCCCHOOL	whom -	for their	y 840
		NIGHT	to do	due of	i
Refer to attached ESS Rates sheet for maximum a	illowable rates	\$930.00		<del></del>	
The personal information requested on this form is collect purposes and may be shared with other public bodies, org personal information is subject to the provisions of the Fre disclosure of this information should be directed to the Ma PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Pt	ganizations and/or agencie redom of Information and i inager, Emergency Social	he <i>Emergency Progra</i> is only to enable the p Protection of Privacy <i>i</i>	rovision of eme Act. Questions r	rgency services. Disclosegarding the collection.	sure of
24. liders	viewers first name and initial of last		. Date (YYYY MM D		
<del>/</del>	lundela u		20/2 0	41. 30 · <u> </u>	
NOTE TO SUPPLIER - Send original (white co	py) of Referral form	and itemized inv	oices to:		
Emergency Social Services Office, Provincial E	mergency Program	PO Box 9201,	STN PROV		
Victoria BC	V8W 9J1	PHONE 1-80	00-585-9559	(250) 952	-5831





forms for your personal records.				
Date: APR 30, 2012	PEP Task#_	123 7 (take from ti	135 he top of the ESS	Referral form)
Name of Supplier: (your name)  Mailing Address: (your address)				
Phone Number: (your phone #)				
Name of Family Representative: (sa	me name as app	pears on the l	ESS Referral forn	11)
\$10.00 \$ <i>1</i> <b>6</b> .00	From: May / // // // // // // // // // // // // //	l adult, and 13-18	To: May 3	31, 2012. Lusive
Accommodation provided for:  Thursty One Please pay: 31 x \$30 for firm x \$10.00 each x \$5.00 for each x \$5.0	childrest adult ch additional ad	n 12 years of	fage and over fage and under 930.	
Name: (Please print)		<u></u>		
Signature: X.			-	



Ministry of A Public Salighyand Solicitor General



#### REFERRAL

S HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456.

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3 NAME OF SUPPLIER		1. PEP TASK#	UASH	<del></del>	Referral # 58	75.75
s.22		/2.3	735	1 1	2. ESS File # (if applicable)	ا الله الله الله الله الله الله الله ال
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1	l	To 17.		12.		- by
13. At the regress of the Community of Bi-tyle of	·	-20	2.00	20	12 06 30	_opprod
At the request of the Community of District of	] ]	14. NAME OF FAMILY S.22	REPRESENTATIVE Ham	lly name first	name)	
District of Lellocet		15 NAME OF PERSON	PURCHASING GOODS	fit alti-co-ce.		
Please provide the following goods and services in accord Emergency Social Services Rates attached, to the following	MINIOU WILL GIO 1	ig. II/ME OF FERSO.	WEDNOTASIIYG GOOSS	(ii dilieletit ivi	om rammy representative)	ĺ
	ig person(s).				·	
16. Number of Adults or Youths (13 - 18): ONG			illdren (12 & under			
Names: s.22		манцер,	HONE	-		
NOTE TO ESS WORKER: Use one form for e	ach different su	ipplier AND T	ck "YES" or "NO	)" for ea	ch category below	
<sup>17.</sup> FOOD YES NO *** GST	EXEMPT ***	20		2556297602662	, r j	1 -21
	roceries	GOOD\$/8	ERVICES REC'D		by 💚 🦳	/ holy
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Total # of meals per person during "Valid Only" period:	):	office reality		ntract and wh	ere applicable, that the work h	
	4 - 7 - 61	•	* *		ONICALLY	
# of Breakfasts; # of Luriches:	# of Dinners:		SIGMAD &	T 224 1 124	(Print Name)	(XXY)
NOTE: Alcohol, tobacco and gratuities are not e		RESP	ACCT		STOB	PROJECT
Refer to attached ESS Rates sheet for maximum	allowable rates	1/1	15 12 DER	2 3	025 13	?235
LODGING YES NO *** GST	EXEMPT ***	Commit #		plier 70	30 Invil	855
	1	18015	// // // // // // // // // // // // //	/ <i>Ui</i> × 0	) Der	
	lleting by	d total o	ir more than one i f all Referral forms	must no	orm is issued for incid texceed maximum all	lentals, the lowable rate.
# of nights authorized: Thurfy (30) (maximum	3) approdu	. U 1			eet for maximum allows	
Refer to attached ESS Rales sheet for maximum	allowable rates	22. Car	mmonto:			
9.			nments: Ple	ase_	provide	
•	EXEMPT ***	· Micc	ammodat.	70/1 /	or there	dans
# of people: Extreme winter conditions;	YES	NO /		7	1 490000	7. Cag
Refer to attached ESS Rates sheet for maximum	allowable rates	10	a valu	e cy	1/20.00	
The personal information requested on this form is collect	ted under the outh		gonali Omatawi Asi			
<ul> <li>purposes and may be shared with other public bodies, or</li> </ul>	ganizations and/or	r agencies only to	enable the provision	on of emer	gency services. Disclos	sure of
personal information is subject to the provisions of the Fr disclosure of this information should be directed to the Mi	eedom of Informat	ion and Protection	n of Privacy Act. Qu Office Brownsial F	restions re	garding the collection.	use or
<ul><li>PO Box 9201 Stri Prov Govt, Victoria, B.C. V8W 9J1 P</li></ul>	anager, Emergend hone: 1-800-585-9	y 306ai 3ervides 3559	Onice, Provincial E	тиегдепсу	, Liódiaui'	
s 22	viewers first name and i		se print)   25. Date ()	YYYY MM DD	1	
	Princle	V.	ಎ	0は、0	<u>5</u> .3/.	
IUTE TO SUPPLIES Send original (white co	py) of Referra	l form and ite	mized invoice	s to:		
Emergency Social Services Office, Provincial 8	mergency Pro	gram PO	Box 9201, STN	PROV (	GOVT	
			PHONE		FAX	
Victoria BC	V8W	9J1	1-800-58	5-9559	(250) 952	-5831

Page 63 of 104 TRA-2016-64688





#### INVOICE FOR HOST FAMILY (BILLETING)

Date: <u>MAY 31, 2012</u> PEP Task # 123 7 (take from the	135 he top of the ESS Referral form)
Name of Supplier: (your name) s.22	
Mailing Address: (your address	
Phone Number: (your phone #)	
Name of Family Representative: (same name as appears on the Es.22	ESS Referral form)
Date of Accommodation provided: From: June 1, 2012	To: June 30, 2012
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under	
Accommodation provided for:  ONE adults  children 13 yours of children 12 years of	
Please pay:  x \$30 for first adult = x \$10.00 each additional adult = x \$5.00 for each youth 13-18 = TOTAL	700.00
Name: (Please p	
Signature:	



Public Safety and Solicitor General



PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

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NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

NOT REDEEMABLE FOR CASH							
2 2000 00 0000000	1. PEP		R	eferral # 58	557g		
s.22		23735	1 1	SS Fite # (if applicable)	2010		
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		_		121123			
	1	\ <u>\</u>	/ALID ONLY	<del> </del>	1		
-	From	20:00		20830	1		
	_	11.	12.	<u> </u>	·		
L	То	20,00	20/	2 09 30			
13. At the request of the Community or District of	14. NAME	S.22	er example and ever to		<u>.</u>		
District of Lilloset							
Please provide the following goods and services in accorda	nce with the 15, NAME	DFPC	occa financien non	танну, горгозопанусу			
Emergency Social Services Rates attached, to the following	,	I DET					
16. Number of Adults or Youths (13 - 18):	·	er of Children (12 & i	under):	<del></del> ·			
Names:_s.22	Name	s:	tone-				
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NOTE TO ESS WORKER: Use one form for each	Married Company of the Company of th	III Al 199		1/ *	X12		
17.	GO	COSISERVICES REC'D		by -/ bee			
FOOD TES X NO *** GSTE	EXEMPT ***	RTIFIED THAT THE AMOUNT	Date(mm/yy/dd) TO BE PAID is correct	Signatur Is in accordance with appropri	I .		
Restaurant Meals OR Gro	iceries oth		contract and where app	dicable, that the work has been			
# of adult/youths;		•	med electi				
Total # of meals per person during "Valid Only" penod:	Spe	nding Authority Signature	The party but had been been but	(Print Name)			
# of Breakfasts: # of Lunches:	# of Dinners:	RESP ACC	T STO	DB PROJ	ECT		
		5900 12Z	20 30	75 A3	73 T		
NOTE: Alcohol, tobacco and gratuities are not eli	·       ——	amil # -	Supplier - C-	/O Inv#			
Refer to attached ESS Rates sheet for maximum at	lowable rates	The same of the sa	11028	1 REF-50	75 7 St		
LODGING YES NO *** GST E	XEMPT ***		JY 1 6 ZUIZ	s.22			
Hotel/Motel OR 🗭 Bilt	eting	NOTE: If more than	one Referral for	m is issued for incide	ntals, the		
# of nights authorized: 31 (maximum 3				exceed maximum allo			
	Queton Rehim		d ESS Rates shee	et for maximum allowat	le rates		
Refer to attached ESS Rates sheet for maximum a	llowable rates	Comments:	Marco	1	/30 °   )		
19. CLOTHING YES NO *** GST E	XEMPT ***	<del></del>	Acase p	rovide	/		
# of people: Extreme winter conditions:	YES NO	accommo	<u>dahow</u>	for theat	7816		
		days (Qu	931 - Se	Pt 30) 10	ral		
Refer to attached ESS Rates sheet for maximum a	llowable rates	10401 00	\$ 930.	50			
The personal information requested on this form is collected	ad under the outhority of	the Emerge Proper					
<ul> <li>purposes and may be shared with other public bodies, org</li> </ul>	anizations and/or agenci	es only to enable the p	rovision of emero	ency services. Disclast	ire of		
personal information is subject to the provisions of the Fre	edom of Information and	Protection of Privacy A	act. Questions reg	arding the collection, u	se or		
disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Sta Prov Govt. Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559							
28.22 24. Interv	lewers first name and initial of las	t name (please print)   25	. Date (YYYY MM DD)				
	Pounda	$\nu$	2012	08: 31.			
No. 2 10 001 1 Erent - going original (white cor		and itemized inv					
Emergency Social Services Office, Provincial E		PO Box 9201,		OVT	]		
	····	PHONE		FAX			
Victoria BC	V8W 9J1	1-80	00-585-9559	(250) 952-	5831		





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#### INVOICE FOR HOST FAMILY (BILLETING)

forms for your personal records.
Date: <u>Ung 30, 2012</u> PEP Task # 123 735  (take from the top of the ESS Referral form)
(take from the top of the ESS Referral form)
s.22
Name of Supplier: (your name)
Mailing Address: (your address)
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form)
Date of Accommodation provided: From: Quq 31, 2012 To: Sept 30, 2017
Daily Allowable Rates:  \$30.00 for first adult \$10.00 each additional adult, and \$16.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for: owe adults children 13 yours of age and over
children 12 years of age and under
x \$10.00 each additional adult
x \$ 5.00 for each youth 13-18 = 730.60
Name: (Please pr
Signature:







NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

NOT REDEEMABLE FOR CASH						
3. s.22	1. PEP T	ASK# 23735	Referral # 585508			
4.1	<u> </u>	90/32	75/1555			
5.1	Å	VALID OF	NLY by			
7.1	From	2020	2011 12 31 annous			
(	То	11. 2020.	2012 01 18 approva			
13. At the request of the Community or District of	14. NAM** 2	C FAMILY DEPOSE SYSTEM (L				
_ LILLOOET		F PERSON PURCHASING GOODS (if differ	ent from family representative!			
Please provide the following goods and services in accordance Emergency Social Services Rates attached, to the following	ance with the					
Number of Adults or Youths (13 - 18) - ONE Names: 8.22		er of Children (12 & under):	·			
Names:	Names	s:				
NOTE TO ESS WORKER: Use one form for ea						
"FOOD YES NO *** GST	EXEMPT ***		YES NO *** GST EXEMPT ***			
· · · · · · · · · · · · · · · · · · ·	oceries	Specify Mode of Travel:	_			
# of adult/youths: # of children: Total # of meals per person during "Valid Only" period;	·	From (address)	To (destination)			
# of Breakfasts: # of Lunches:	# of Dinners:	INCIDENTALS YES				
NOTE: Alcohol, tobacco and gratuities are not el		# of people: Specify approved items:				
Refer to attached ESS Rates sheet for maximum a	- · ·	# or people Sper	city approved items:			
18. LODGING. YES NO *** GST I	EXEMPT ***					
Hotel/Motel OR 💢 Bil	leting by an applicat		ral form is issued for incidentals, the			
# of nights authorized: (maximum			t not exceed maximum allowable rate.			
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GOODS/SERVICES REC'S 3/12/1 by J2	in the second	Comments: Please				
Date(mm/yy/dd)  GERYIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance of	Signature	additional 19 h	nights occumedation			
the goods supplied and the services rendered and/or conditions met.	rk has been performed	tor a total or	\$ \$570. to cinc			
SIGNED ELECTRONICALLY	//0//	JAN.18, 2012				
Spending Authority Signature (Print Name RESP ACCY STOB	gencie	he <i>Emergency Program Act</i> and it is only to enable the provision of	emergency services. Disclosure of			
15186 12200 7918 1	7 3 and 1	Protection of Privacy Act. Questio Services Office, Provincial Emerg	ns regarding the collection, use or gency Program,			
Commit & Supplier Supplier Inval	1585508 - 5.22	павы (реаке рик) — [ 25. раке (ттатк	24 00)			
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NOTE TO SUFFEIEN - Selid Original (white co	py) of Referral form	and itemized invoices to	2			
Emergency Social Services Office, Provincial E	mergency Program	PO Box 9201, STN PRO	OV GOVT			
Victoria BC	V8W 9J1	PHONE 1-800-585-95	559 (250) 952-5831			

Social Services

Revised April 2007

# BILLETING INVOICE CHARGE SAFETY

As a host providing accommodation to those in need during a disaster, you may be compensated for additional expenses incurred by claiming the billeting allowance. Please complete this invoice and attach it to the white copy of the ESS Referral form issued in your name. Submit both this invoice and the white copy of the Referral form to the Provincial Emergency Program address indicated on the bottom of the Referral form. Please keep a photocopy of these forms for your personal records and allow 6-8 weeks for receipt of payment.

Date: Jan. 04, 2012 PEP Task # 123735
Name of Supplier: (your nat
Mailing Address: (your add
s.22 Phone Number: (your phone #)
Name of Family Representative: Isame name as annears on the ESS Referral Form) s.22
Date of Accommodation provided: From Dec. 31, 2011  To: Jan. 18, 2012 inclusive
To: Jan. 18, 2012 inclusive
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult and youth (13-18) \$5.00 for each child 12 and under
Accommodation provided for:  One adults youths 13 - 18 years children 12 years of age and under
Please pay: Nineteen \$30 for first adult  x \$10.00 each additional adult/youth  x \$ 5.00 for each child
TOTAL <u>570.00</u>
s.22
Name: (Please
Signature: X
. ,





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PLEASE PRESS HARD, YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency program. See reverse for more detailed information and billing instructions.

Program. See reverse for more detailed information and online.  Program. See reverse for more detailed information and online.  If no Emergency Social Services (ESS) Rates sheet is attack  If no Emergency Social Services.	ned to this Referral form, call 1-500 vs.
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To 11.	20/00 2012 68 30
14 Npss# OF F.	AMILY REPRESENTATIVE (family name, first name)
13. At the request of the Community of Bistriet 5.	
DISTRICT OF LILLOGET 15. NAME UP P	ERSON FORCES
Please provide the following goods attached to the following person(s):	(AD 9 andor):
Number of Adults or Youths (13 - 18): ONG  Namber	of Children (12 & under):
Name S.22	
NOTE TO ESS WORKER Use one form for each different's centified to	by 18-4-4
	Date(mm/yy/dd) Signaluge  Date(mm/yy/dd) Signaluge  HAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statue of APPA THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statue of APPA THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statue of APPA THE AMOUNT TO BE PAID IS CORRECT.
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FOOD TES LY TO	plied and the services randered and/or concludes many
Restaurant Meals Sounding Au	thority Signature (Print Name)
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18. LODGING YES NO *** GST EXEMPT ***	
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# of night's authorized. / / Li	22. Comments: please provide
Refer to attached ESS Rates sheet for maximum allowable rates  19. VES NO *** GST EXEMPT ***	accompodation for thirty days - total of \$ 900.00
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# of people: Extreme winter conditions:	days - tord of
Refer to attached ESS Rates sheet for maximum allowable rates	V to administrative
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The personal information requested on this form is collected under the authority of purposes and may be shared with other public bodies, organizations and/or agen purposes and may be shared with other public bodies, organization and personal information is subject to the provisions of the Freedom of Information and personal information should be directed to the Manager, Emergency Societies information should be directed to the Manager.	d Protection of Privacy Act. Questions regarding the collection, use of
	al Services Office, Provincial Emergency
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	7 /
NOTE TO SUPPLIER - Send original (white copy) of Referral for	m and itemized invoices to.
NOTE TO SUPPLIER - Self Office Provincial Emergency Prograf	PO Box 9201, STN PROV GOVT
Emergency Social Services Office, Provincial Emergency Program	1 1-800-585-9559 (250) 952-5831
Victoria BC V8W 9J	1 (-800-309 Octomentation Unit
White copy - Supplier Yellow Copy - Evacure Pink Copy - ES	Page 68 of 104 TRA-2016-6468





#### SEP 10 2012

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#### INVOICE FOR HOST FAMILY (BILLETING)

forms for your personal records.
Date: July 31, 2012 PEP Task # 123 735  (take from the top of the ESS Referral form)
Name of Supplier: (your name)_
Mailing Address: (your address)
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form)
Date of Accommodation provided: From: Aug 1, 202 To: Que 30, 2012
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for:    ONE adults   children 13 yours of age and over   children 12 years of age and under
Please pay:    So   x \$30 for first adult   = 900.00
Name: (Plansa print) = -
Signature:





AUG 0 3 2010

REFERRAL

PLEASE RRESS HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738; Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

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s.22	1. PE	P TASK	#		Refe	erral# 58	5570
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7.	From	n   9.		10.	<u>'</u>		7 /
		11	20.00	2	0/2	0630	days
13. At the townst of the		٦	20.00	12.	072	W 31	المان المراج
13. At the request of the Community or District of	14. NAMI	s.22	<u></u>				
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16. Number of Adults or Youths (13 - 18): ONE	Nun	ber of C	hildren (12 & ur	ider).			
Names:_s.22		es:				_	
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NOTE TO ESS WORKER: Use one form for		-				X	XZ =
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FOOD YES NO *** GS	T EXEMPT *** cer	TIFIED THA		ele(mm/yy/dd) BE PAID is correct	. Is in acco	Signature dance with appropriate	statue or 😕
	alhei	authority fo	r payment and/or contr ad and the services rer	act and where app adered and/or cond	ilicable, thi litions met	at the work has been pe	rformed,
# of adult/youths: # of childre				LECTRON	ical.	- <sup>1</sup> 4	-
Total # of meals per person during "Valid Only" period:	Spen	ding Autho	rity Signature		(Pri	nt Name)	
# of Breakfasts: # of Lunches:	# of Dinners:	RESP	ACCT	50 - 3	5TO日 ファンプル	PROJE	2T
NOTE: Alcohol, tobacco and gratuities are not	eligible expenses Com	7 0 65	Sun	pilar -	501		<u> 355 "</u>
Refer to attached ESS Rates sheet for maximum	allowable rates	and the		1/078	9 /	s.22	776
ELODGING YES NO *** GST	EXEMPT ***		5E	P 1 1 20	12/		
Hotel/Motel OR 🗡 B	Billeting / /	NOTE:	if more than on	e Referral fo	em ie in	sued for incident	
# of nights authorized: Thurty one (maximum		totalo	an Keterral for	ms must not	exceed	maximuko allowa	able rate
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Refer to attached ESS Rates sheet for maximum	allowable rates	<sup>22.</sup> Cor	nments:	······································		<i>H</i> 25	
CLOTHING YES NO *** GST	EXEMPT ***	<del>-</del>	— — <i>[2]</i>	ease	0000		
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		[31	Acus	- tote	1	1 10 - 1	(00)
Refer to attached ESS Rates sheet for maximum	allowable rates	hi	appro		<u> </u>	<u> </u>	
The personal information requested on this form is collect purposes and may be shared with other public bodies, or personal information is subject to the provisions of the Fr disclosure of this information should be directed to the MPO Box 9201 Stri Proy Govt, Victoria, B.C. V8W 9J1 P	Bedom of Information and I	is only to	gency Program A enable the provi	cl and is nece sion of emerg	ency se	rvices. Disclosure	of or
	viewers first name and initial of last	name (plea:	se print) 25, Date	(YYYY MM DD)			
	panela	U		0	06	30 .	
OTE TO SUPPLIER - Sénd original (white co	py) of Referral form	and ite	mized invoic	es to:	<u></u>		
Emergency Social Services Office, Provincial E		1	Box 9201, ST		0V <b>T</b>		
Victoria BC	1/014/ 0.11		PHONE		FAX		
	V8W 9J1	ľ	1-800-5	85-9559		(250) 952-583	31





Date: June 30, 2012 PEP Task # /c (tak	23735 The from the top of the ESS Referral form)
Name of Supplier: (your name) _	
Mailing Address: (your address)	
Phone Number: (your phone #) _	
Name of Family Representative: (same name as appears	s on the ESS Referral form)
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult \$10.00 for each youth 13-1 \$ 0.00 for children 12 and	ılt, and 8
Accommodation provided for:  adults children 13 children 12  Please pay:  X \$30 for first adult x \$10.00 each additional adult x \$5.00 for each youth 13-18 TOTAL	yours of age and over years of age and under  = 930 oc
Name: (Please print)	
Signature:	





#### PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

TE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ES	S) Rates sheet is a	ttached to this l	Referral for	n. call 1-800-	0035345	j.
NOT	REDEEMABLE	FOR CASH		Defermely	4 CO	70
3, NAME OF SUPPLIER S.22	1. PEP			Referral #		2100
5.22		123735		2. ESS File # (if app		<i>-</i>
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	From	ී <i>ට</i> ට <i>ග</i>		012 04		approv
	То	20:00	12.	000 04	<b>3</b> 0	approv
13. At the request of the Community or District of	7 1	OF FAMILY REPRESENTA	TIVE (family name, f	irs! name)		
District of Lillowet	s.2					
Please provide the following goods and services in accordance Emergency Social Services Rates attached, to the following	ance with the	OF PERSON PURCHASING	3 GCOOS (u ditieren	:.lrom tamily represen	(ative)	
16. Number of Adults or Youths (13 - 18):	Num	per of Children (12	& under):	<del>~~</del> 65		
Names:s.22	Name	95;		JOHE .		
	· <del>-</del>			·		<del></del>
NOTE TO ESS WORKER: Use one form for ea	ich different-supplie	GOODS/SERVICES R	<u> </u>	by/	بر ارا	
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Restaurant Meals OR Gr	oceries 🤻 🐴	the goods supplied and the		ECTRONIC	ALLV	
# of adult/youths: # of children	:	Spanding Authority Signs			t Name)	<del></del>
Total # of meals per person during "Valid Only" period:		RESP	ACCY	STOB	PI	OJECT
# of Breakfasts:	# df Dinners H	186/	2200		A3	735
NOTE: Alcohol, topacito and gravities are note		Dommit# // //	Supplier	- 00	Joyd - Joyd	7-1
Refer to attached ESS Rates sheet for maximum		traces	1 110		(CC)	372 14
A CONTRACTOR OF THE CONTRACTOR		<u> </u>			200	
18. LODGING YES NO *** GST	EXEMPT ***		·····	(_70	100	
☐ Hotel/Motel OR 🗭 Bi	lleting /	NOTE: If more th				
	By 1	total of all Referr				
# of nights authorized: /#-IR TY DAYS (maximum	3) approved.	_	nea ESS Rates	sheet for maxim	um anowar	ne rates
Refer to attached ESS Rates sheet for maximum		Comments:	please	provide	1Q	
	EXEMPT ***	accom400	la AOOn.	fo Ther	Hy (	Jays
# of people: Extreme winter canditions:	YES NO	CORTI-Q	N 30, 20	siz incl	isioe)	100
Refer to attached ESS Rates sheet for maximum	allowable rates	total i	4 \$ 90	හ. <u>ර</u> ු		
The personal information requested on this form is collect purposes and may be shared with other public bodies, or personal information is subject to the provisions of the Fr disclosure of this information should be directed to the MPO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 P	ganizations and/or agend eedom of Information and anager, Emergency Socia	ies only to enable the I Protection of Privac	e provision of e y Act. Question	mergency service s regarding the c	es. Disclosi	ure of
5.22	rylewers first name and initial of la	st name (please print)	25, Date (YYYY MA		·-> /	
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NOTE TO SUPPLIER - Send original (white co	py) of Referral forn	<u>n and itemized i</u>	nvoices to:			1
Emergency Social Services Office, Provincial E	Emergency Program	PO Box 920	1, STN PRO	V GOVT		
Victoria BC	V8W 9J1	PHONE 1-	-800-585-95	59 Page 72 6	4500A95R	4520116-646

Pink Conv - ESS Office, PEP (Victoria) Green Copy - Documentation Unit

Vellow Conv. Evacuse





# INVOICE FOR HOST FAMILY (BILLETING)

As a host family providing accommodation to those in need during a disaster, you may be compensated for the additional expenses you may have incurred at that time. You will need to complete this invoice and attach it to the white copy of the ESS Referral form. Submit both this invoice and the white copy of the ESS Referral form to the local Ministry of Human Resources Office indicated on the bottom of the ESS Referral form. Please allow 6-8 weeks for receipt of payment. Please keep a photocopy of these

forms for your personal records.
Date: March 31, 2012 PEP Task # 123 735  (take from the top of the ESS Referral form)
Name of Supplier: (your name)  Mailing Address: (your address)
Phone Number: (your phone #)  Name of Family Representative: (same name as appears on the ESS Referral form)
\$.22
Date of Accommodation provided: From: APR 1, 2012  Daily Allowable Rates: \$30.00 for first adult  \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for:  ONE adults  children 13 yours of age and over  children 12 years of age and under
Please pay: $\frac{\text{THIRT}}{\text{x $30 for first adult}} \times \$30 \text{ for first adult} = \frac{900.00}{\text{x $10.00 each additional adult}} = \frac{900.00}{\text{TOTAL}}$
Name: (Please print) s.22
Signature:  \( \square \)





### PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

NOTENO SUPPLIER. GST exempt # 1078647/38. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program: Sectreverse for more detailed information and billing instructions:

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456 NOT REDEEMABLE FOR CASH Referral # 585569 1. PEP TASK # 3. NAME OF SUPPLIER 2. ESS File # (if applicable) s.22 TG11555 4, A **VALID ONLY** 5.4 From 7,1 Τo 14. NAME OF FAMILY REPRESENTATIVE (family name, first name) At the request of the Community or District of Lulocet 15. NAME OF PERSON PURCHASING GUODS (IL CITIBIGATION (2011)) Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s): Number of Children (12 & under): 16 Number of Adults or Youths (13 - 18): \_\_\_\_\_ Names: Names: s.22 GOODS/SERVICES REC'D NOTE TO ESS WORKER Use one form for each different supr Onte(mm/yy/dd) CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statue of other authority for payment end/or contract and where applicable, that the work has been parformed, the goods supplied and the services rendered and/or conditions met. GST EXEMPT \*\*\* FOOD SIGNED ELECTRONICALLY Groceries Restaurant Meals (Print Name) Spending Authority Signature # of adult/youths: \_\_\_\_\_ PROJECT STOB RESP Total # of meals per person during "Valid Only" period: 2200 15386 #ofDirfers: # of Breakfasts:\_# NOTE: Alcanol, polacco and gratulties are note in ble sapenses Refer to attached ESS Rates sheet for maximum allowable rates \*\*\* GST EXEMPT \*\*\* LODGING M NOTE: If more than one Referral form is issued for incidentals, the total of all Referral forms must not exceed maximum allowable rate one (maximum 3) approval Refer to attached ESS Rates sheet for maximum allowable rates Refer to attached ESS Rates sheet for maximum allowable rates \*\*\* GST EXEMPT \*\*\* CLOTHING Extreme winter conditions: YES # of people: Refer to attached ESS Rates sheet for maximum allowable rates The personal information requested on this form is collected under the authority of the Emergency Program Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Str. Prov Govl, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559 24. Interviewers first name and initial of last name (please print) 2012-02-29 23. S.22 NOTE TO SUPPLIER -Send original (white copy) of Referral form and itemized invoices to: PO Box 9201, STN PROV GOVT Emergency Social Services Office, Provincial Emergency Program PHONE (250) 952-5831 1-800-585-9559 Victoria BC White copy - Supplier Yellow Copy - Evacuee Pink Copy - ESS Office, PEP (Victoria) Green Copy - Documentation Unit Page 74 of 104 TRA-2016-64688

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# INVOICE FOR HOST FAMILY (BILLETING)

As a host family providing accommodation to those in need during a disaster, you may be compensated for the additional expenses you may have incurred at that time. You will need to complete this invoice and attach it to the white copy of the ESS Referral form. Submit both this invoice and the white copy of the ESS Referral form to the local Ministry of Human Resources Office indicated on the bottom of the ESS Referral form. Please allow 6-8 weeks for receipt of payment. Please keep a photocopy of these forms for your personal records.

Date: FEBRUARY 29, 2012 PEP Task #	123735
<u>, , , , , , , , , , , , , , , , , , , </u>	(take from the top of the ESS Referral form)
Name of Supplier: (your name) s.22	
Mailing Address: (your address	
Phone Number: (your phone #)	
Name of Family Representative: (same name as a	ppears on the ESS Referral form)
Daily Allowable Rates:  \$30.00 for first adultion \$10.00 each addition \$10.00 for children 1	t inclusive t adult, and h 13-18
	Iren 13 yours of age and over Iren 12 years of age and under
Please pay:    X \$30 for first adult   x \$10.00 each additional a   x \$5.00 for each youth 13   TOT.	3-18 =
Name: (Please print). s.22	_
Signature:	





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#### REFERRAL

PLEASE PRESSHARD YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456 NOT REDEEMABLE FOR CASH Referral # 3 NAME OF SUPPLIER. 1. PEP TASK# 2. ESS File.# (if applicable) 51155 VALID ONLY From At the request of the Community or District of 14. NAME OF FAMILY REPRESENTATIVE (family name, s.22 LLLOSE Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s): 16. Number of Adults or Youths (13 - 18): 🗥 🔊 🌤 Number of Children (12 & under): Names: s.22 NOTE TO ESS WORKER. Use one form for each different supplier AND Tick "YES" or "NO" for each category below. FOOD **GST EXEMPT \*\*\*** Restaurant Meals: GOODS/SERVICES REC'D Groceries Oato(mm/yy/dd) CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status other authority for payment and/or contract and where applicable, that the work has been perform Total # of meals per person during "Vatid Only" period: The goods supplied and the services rendered and/or conditions mal SIGNED ELECTRONICALLY # of Breakfasts: # of Lunches:\_\_\_\_\_ # of Dinners: Spending Authority Signature NOTE: Alcohol, tobacco and gratuities are not eligible expenses RESP ACCT STOR Refer to attached ESS Rates sheet for maximum allowable rates LODGING X \*\*\* GST EXEMPT \*\*\* NOTE: If more than one Referral form is issued for incidentals, the **火** Billeting Hotel/Motel total of all Referral forms must not exceed maximum allowable rate, # of nights authorized: Refer to attached ESS Rates sheet for maximum allowable rates Refer to attached ESS Rates sheet for maximum allowable rates YES CLOTHING \*\*\* GST EXEMPT \*\*\* # of people: Extreme winter conditions: Refer to attached ESS Rates sheet for maximum allowable rates. The personal information requested on this form is collected under the authority of the Emergency Program Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559 24. Interviewers first name and initial of tast name (please print) NOTE TO SUPPLIER <sup>L</sup>Send original (white copy) of Referral form and itemized invoices to: Emergency Social Services Office, Provincial Emergency Program PO Box 9201, STN PROV GOVT

Victoria BC

V8W 9J1

1-800-585-9559





Signature: 🔀

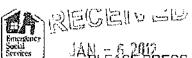
# INVOICE FOR HOST FAMILY (BILLETING)

As a host family providing accommodation to those in need during a disaster, you may be compensated for the additional expenses you may have incurred at that time. You will need to complete this invoice and attach it to the white copy of the ESS Referral form. Submit both this invoice and the white copy of the ESS Referral form to the local Ministry of Human Resources Office indicated on the bottom of the ESS Referral form. Please allow 6-8 weeks for receipt of payment. Please keep a photocopy of these forms for your personal records.

forms for your personal records.
Date: Jan. 31, 2012 PEP Task # 123735 (take from the top of the ESS Referral form)
Name of Supplier: (your name) s.22
Mailing Address: (your address)
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form)  s.22
Date of Accommodation provided: From: Feb. 01 2012 To: Feb 29 2012
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for:  adults  children 13 yours of age and over  children 12 years of age and under
Please pay: $\frac{1}{\frac{\text{Please pay}}{\text{Please pay}}} \times \$30 \text{ for first adult}$ $= \frac{870.00}{\text{approval}}$ $= \frac{870.00}{\text{approval}}$ $= \frac{1}{870.00}$ $= \frac{1}{870.00}$ $= \frac{1}{870.00}$ $= \frac{1}{870.00}$ $= \frac{1}{870.00}$ $= \frac{1}{870.00}$
Name: (Please p <sup>s.22</sup>

\* . .... 0004





REFERRAL

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With the enginal (white) copy of this ite enaition information and billing instructions.  If no Emergency Social Services (ES			n. call 1-800-663-3456
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3. NAME OF SUPPLIER	1. TASK #		Referral # 735620
s.22	<u> </u>	735	2. FSS File # (if applicable)
		VALID ONI	_Y
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13. At the sequent of the Community or District of	To	१०।३८ ं उट	SYPY IG SIG
13. At the request of the Community or District of	14. NAME OF FAIR	IILÝ REPRESENTATIVÉ (family name, f	irst name)
LICOST	15 NAME OF RES	SON PURCHASING GOODS (if cifferen	t (rcm (amily representative)
Please provide the following goods and services in accorda Emergency Social Services Rates attached, to the following	ince with the		,
16. Number of Adults or Youths (13 - 18):	Number of	Children (12 & under);	·····
Names:s.22	Names:		
NOTE TO ESS WORKER: Use one form for ea	ch different suppl		page december to the control of the
FOOD YES NO	GOODS	SERVICES REC'D 3/12	11 6/2-
Restaurant Meals OR Gro		Date(nan/yy)	dd) Signature correct, is in accordance with appropriate claims or
# persons:	other suit	ority for payment and/or contract and why supplied and the services rendered and/or	ere applicable, that the work has been performed, 🔨 🗀
Total # of meals per person during "Valid Only" period:	ing Bross	SIGNED ELEC	
# of Breakfasts: # of Lunches:	# of Dinners:	Authority Signature	(Print Name)
	RES	P ACCT	STOB PROJECT
NOTE: Alcohol, tobacco and gratuities are not el Refer to attached ESS Rates sheet for maximum a	127	86 12200 -	7918 13735
Title to attached 255 National for maximum a	Commit #	Buppiler	invit
** LODGING   YES NO	i i i i i i i i i i i i i i i i i i i	2 2012 //028	1 HEY 735620
	. I ligioup couging I , ,		I form is issued for incidentals, the not exceed maximum allowable rate.
# of nights authorized: 20 mg L45 (maximum	3) approval	Refer to attached ESS Rates	sheet for maximum allowable rates
Refer to attached ESS Rates sheet for maximum a	Mariable vetes 124	Comments:	Se peruto
CLOTHING YES NO		ccompodes	x for
# of people: Extreme winter conditions:	YES NO	0 11/45	
Refer to attached ESS Rates sheet for maximum a	allowable rates	<u> </u>	
The personal information requested on this form is collect purposes and may be shared with other public bodies, orgoersonal information is subject to the provisions of the Fre disclosure of this information should be directed to the Ma Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-58	ganizations and/or agencies or sedom of Information and Prote unager, Training , Exercise & V 35-9559	ly to enable the provision of er action of Privacy Act. Question olunteer Programs, Emergency	mergency services. Disclosure of s regarding the collection, use or y Management BC, PO Box 9201
- s 22	viewers first name and in tial of last name		
<b>:</b>	1 CEEN S	Jett	12. (1
NOTE TO SUPPLIER - Send original (white co			
Emergency Management BC		PO Box 9201, STN PRO	V GOVT
Victoria BC	V8W 9J1	1-800-585-95	

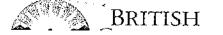
To: Provincial Emergency Program

Social Services

# BILLETING INVOICE

As a host providing accommodation to those in need during a disaster, you may be compensated for additional expenses incurred by claiming the billeting allowance. Please complete this invoice and attach it to the white copy of the ESS Referral form issued in your name. Submit both this invoice and the white copy of the Referral form to the Provincial Emergency Program address indicated on the bottom of the Referral form. Please keep a photocopy of these forms for your personal records and allow 6-8 weeks for receipt of payment.

your polability records and arrows to records to records or payment.	
Date: Jan 1 2012 PEP Task # 123735	Found Form)
Name of Supplier: (your name)	
Mailing Address: (your address	
Phone Number: (your phone #)	
Name of Family Representative: (same name as annears on the ESS Referral Form)	
Date of Accommodation provided: From December 11 20	
Daily Allowable Rates:  \$30.00 for first adult \$10.00 each additional adult and youth (13-18) \$5.00 for each child 12 and under	
Accommodation provided for:  adults youths 13 - 18 years children 12 years of age and under	
Please pay: $20$ x \$30 for first adult $= 600$ x \$10.00 each additional adult/youth $= 200$ x \$5.00 for each child $= 200$	
TOTAL 4/600. 00	-
Name: (Please 1	
Signature: RE	CEIVE
JA	N - 6 2012
MIN. 9	F PUBLIC SAFE



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NOTE TO SUPPLIER: GST exempt #:107864738-Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (White) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456.

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3. NAME CE SUPPLIER \$.22	1. PEP	TASK# 2725		Referr	(fapplicable)
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13. At the request of the Community or District of  L/LLOOET	14. NAME ( S.22		RESENTATIVE /familior	name first name)	
Please provide the following goods and services in accordance with the	15. Name	OF FERSON FUR	เบลหอเพษ ๒๐๐๐๖ (เก	шнетент потпалнку гер	resernative)
Emergency Social Services Rates attached, to the following person(s):	J			<del></del> :	
16. Number of Adults or Youths (13 - 18): OIVE			en (12 & under):		
Name s.22	_ Name	98:			
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# of adult/youths: # of children;	<u>Sp</u>	ending Authority			rint Name)
Total # of meals per person during "Valid Only" period:	_	RESP	ACCT	STOB	PROJECT
# of Breakfasts: # of Lunches: # of Dinners	: /	5186	12260	7918	A3735
NOTE: Alcohol, tobacco and gratuities are not eligible expen-		rareitt#	Supplie	r	Inval
Refer to attached ESS Rates sheet for maximum allowable rate.	s ( <u>48</u>	<u> </u>	119 //02	7 <i>89</i>	MEF 3835KG
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Hotel/Motel OR X Billeting					sued for incidentals, the
# of nights authorized: (maximum 3)		I			maximum allowable rate. aximum allowable rates
Refer to attached ESS Rates sheet for maximum allowable rate	s	22.	ente: Ai		
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# of people: Extreme winter conditions: YES	ON [	add	i Fional	13'nigh	s accommodation
		for a	total o	£ \$39	0.00
Refer to attached ESS Rates sheet for maximum allowable rate.	<i>S</i>	inc.	JAN.31		
The personal information requested on this form is collected under the purposes and may be shared with other public bodies, organizations ar					
personal information is subject to the provisions of the Freedom of Info	rmation and	Protection of	<i>Privacy Act.</i> Que	stions regarding t	he collection, use or
disclosure of this information should be directed to the Manager, Emerg PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Prione: 1-800-5		Services Off	fice, Provincial Em	nergency Program	1,
23. Si s.22 24. Interviewers first name	and initial of las	st name (please pr	1		
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NOTE TO SUPPLIER - Send original (white copy) of Refe					
Emergency Social Services Office, Provincial Emergency	Program		x 9201, STN F		
Victoria BC V	/8W 9J1	PH	ONE 1-800-585	-9559	(250) 952-5831
PEP2395(05/11/01) White copy - Supplier Yellow Copy - Evaquee Pink	Copy - ESS ON	ice, PEP (Victoria			80 of 104 TRA-2016-646



### INVOICE FOR HOST FAMILY (BILLETING)

As a host family providing accommodation to those in need during a disaster, you may be compensated for the additional expenses you may have incurred at that time. You will need to complete this invoice and attach it to the white copy of the ESS Referral form. Submit both this invoice and the white copy of the ESS Referral form to the local Ministry of Human Resources Office indicated on the bottom of the ESS Referral form. Please allow 6-8 weeks for receipt of payment. Please keep a photocopy of these forms for your personal records.

forms for your personal records.	
Date: <u>An. 18, 2012</u> PEP Task #	23735 from the top of the ESS Referral form)
Name of Supplier: (your name)	
Mailing Address: (your address,	
Phone Number: (your phone #)	
Name of Family Representative: (same name as appears of s.22	on the ESS Referral form)
Daily Allowable Rates:  \$30.00 for first adult \$10.00 each additional adult \$10.00 for each youth 13-18 \$0.00 for children 12 and un	inclusive t, and
	yours of age and over years of age and under
Please pay:  Thirter 380 for first adult  x \$10.00 each additional adult  x \$ 5.00 for each youth 13-18  TOTAL  s.22	= 390.00 = \$.390.00
Name: (Planea print)	-
Signature	

Page 81 of 104 TRA-2016-6468

Ministry of



NOTE TO SUPPLIER' GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call:1-800-663-3456

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s.22	)EP	rask#	<u></u>	1 1	ferral# 58	5567
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	To	2	0.20	2012	01 31	111
13. At the request of the Community or District of	14 s.22	C PARM V DED	DEOCRETTURE #	4	7	<u></u>
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Please provide the following goods and services in accorda Emergency Social Services Rates attached, to the following	SUCO MINITIE   1	P PERSON PO	RCHASING GOOD	s (ii cineredi from tai	mily representative)	
16. Number of Adults or Youths (13 - 18)	Numb	er of Child	ren (12 & unde	er):	_	
Names: S.22	Name	5,				
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# of adult/youths: # of children:	10 goods 5	SIGN'	ED ELECT	ONICALLA TORICALLA	<i>)</i> 1	100/
Total # of meals per person during "Valid Only" period:	panding /	wthorlty Signs	stura	⟨P.	rint Name)	7/0/-
# of Breakfasts: # of Łunches:	# of Dinners:RESP		ACCT	STOB	PROJECT	**
NOTE: Alcohol, tobacco and gratuities are not el		St /	?D&O	7918	11 3733	
Refer to attached ESS Rates sheet for maximum a	illowable rates MAR []	7 7800	Supplier	189	10/2 5 8 8	367
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Refer to attached ESS Rates sheet for maximum a	allowable rates	22.	, NI		· f	7.0 10.00
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# of people: Extreme winter conditions:	YES NO	<u>accc</u>	mo d <u>a</u>	tion	for s.22	
,		5.22		for an	addition	101
Refer to attached ESS Rates sheet for maximum a	lilowabie fates	13 ni	ghts:		0.00	
The personal information requested on this form is collected	ed under the authority of t	he <i>Emergen</i>	y Program Ad	t and is necess	ary for administrative	
purposes and may be shared with other public bodies, orgopersonal information is subject to the provisions of the Fre	edom of Information and .	Protection o.	f Privacy Act. C	luestions regard	ding the collection u	se or
disclosure of this information should be directed to the Ma PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Pt	nager, Emergency Social ione: 1-800-585-9559	Services Of	fice, Provincial	Erriergency Pro	ogram,	
	riewers first name and initial of last	name (please p		(YYYY MM DO)		
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Victoria BC	V8W 9J1	PH	1-800-5	85-9559	(250) 952-	5831

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# INVOICE FOR HOST FAMILY (BILLETING)

As a host family providing accommodation to those in need during a disaster, you may be compensated for the additional expenses you may have incurred at that time. You will need to complete this invoice and attach it to the white copy of the ESS Referral form. Submit both this invoice and the white copy of the ESS Referral form to the local Ministry of Human Resources Office indicated on the bottom of the ESS Referral form. Please allow 6-8 weeks for receipt of payment. Please keep a photocopy of these

forms for your personal records.	
Date: Jan 18, 2012 PEP Task# 123735	.I form
Name of Supplier: (your name)	
Mailing Address: (your address	
Phone Number: (your phone #)	<u></u>
Name of Family Representative: (same name as appears on the ESS Referral form)	
Date of Accommodation provided: From: Jan. 19, 2012 To: JAN 312  Inclusive Standard	012 10
Accommodation provided for:	
Please pay: The reen $\times$ \$30 for first adult = $\frac{390.00}{130.00}$ = $\frac{130.00}{520.00}$ TOTAL $=\frac{520.00}{520.00}$	
Name: (Please print)	
X Signature	

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#### REFERRAL

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NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

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13. At the control of the Community Principle of					6: 12 /		
At the request of the Community or District of	14, NAME	OF FAMILY R	REPRESENTATIVE (family nad	mė, first namo)			
Please provide the following goods and services in accorda	ngo with the	OF PERSON	PURCHASING GOODS (if diff	ferent from fami	ly representative)		
Emergency Social Services Rates attached, to the following		3					
16. Number of Adults or Youths (13 - 18): \$.22	Numi	er of Chi	ldren (12 8/under):		$\wedge$		
Names:_s.22	Name	s:					
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FOOD YES NO *** GST E	EXEMPT ***	or authority for	of beautien aircre condeted	endiar condition	ns ms:.		
Restaurant Meals OR Gro	oceries		SIGNEDE	LECTRO	(Print Name)		
# of adult/youths: # of children:	Sp		ority Signature	STOB	PROJECT		
Total # of meals per person during "Valid Only" period:		RESP		9 (3) t	A-3735		
# of Breakfasts: # of Lunches:	# of Dinners:	5781	6 12200	-70/10	1 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NOTE: Alcohol, tobacco and gratuities are not eli	gible expenses	mmit #	Supplier	12.89	204.000		
Refer to attached ESS Rates sheet for maximum allowable rates							
18	APR 7 2017						
LODGING YES NO *** GST E	XEMPT ***		7111 2 0 2	(	11.70		
Hotel/Motel OR : Bille	eting				s issued for incidentals, the		
# of nights authorized: (maximum 3	-		·*		eed maximum allowable rate.  or maximum allowable rates		
	•		·		(maximum allowable rates		
Refer to attached ESS Rates sheet for maximum a.	liowable rates	Con	nments: 🏳 🎊 🗥	e 21	avide all		
CLOTHING YES MO *** GST E	XEMPT ***	100	h Ar y e y sh		do a observable s		
# of people: Extreme winter conditions:	YES NO	<u> 33 - 41 -</u> - 57 - 1	<u>1: 1                                  </u>	<u>. 1 W 1 Z</u>	<u> 17 /4/12 (40 )</u> .		
Refer to attached ESS Rates sheet for maximum at	llowable rates	<u> </u>			<u> </u>		
		1 (21.7)		<u> </u>	Alto Burney		
The personal information requested on this form is collected	ed under the authority of i	he <i>Emer</i> g	géncy Program Act and	l is necessa	ry for administrative		
purposes and may be shared with other public bodies, org personal information is subject to the provisions of the Free	anizations and/or agencii edom of Information and	es only to <i>Protection</i>	enable the provision of of <i>Privacy Act.</i> Quest	r emergend ions regardi	y services. Disclosure of ina the collection, use or		
disclosure of this information should be directed to the Mar	nager, Emetgency Social						
PQ Box 9201 Stn Prov Govt, Victoria, B.C. V6W 9J1 Ph s.22 T24 Intervi	One: 1-800-585-9559 lewers first name and initial of las	name Inland	se print) 25. Date (YYYY	MM DOV			
24. utchyl	and make and midel of less	THE STREET	ZJ. Date (1 CT )	•	001		
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Emergency Social Services Office, Provincial Er			Box 9201, STN PF	•	Ť		
Emorgondy Oddiał Odryłoca Omod, Froymola Li			PHONE	10000	FAX		
Victoria BC	V8W 9J1		1-800-585-9	559	(250) 952-5831		





### INVOICE FOR HOST FAMILY (BILLETING)

As a host family providing accommodation to those in need during a disaster, you may be compensated for the additional expenses you may have incurred at that time. You will need to complete this invoice and attach it to the white copy of the ESS Referral form. Submit both this invoice and the white copy of the ESS Referral form to the local Ministry of Human Resources Office indicated on the bottom of the ESS Referral form. Please allow 6-8 weeks for receipt of payment. Please keep a photocopy of these forms for your personal records.

1
Date: Jan. 3 , 2012 PEP Task # 123735  (take from the top of the ESS Referral form)
Name of Supplier: (your name) _ s.22
Mailing Address: (your address)
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form)  s.22
Date of Accommodation provided: From: Feb. 1 2012 To: Feb. 29 2012
Daily Allowable Rates:  \$30.00 for first adult \$10.00 each additional adult, and \$40.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for:  adults children 13 yours of age and over children 12 years of age and under
Please pay: 37 x \$30 for first adult = \$70 x \$10.00 each additional adult = 300 x \$5.00 for each youth 13-18 nine TOTAL \$ 1770 in total for Feb inclusive
Name: (Please print)
s.22 Signature:





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PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

REFERRAL

NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions:

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

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s.22 1. PEP TASK #					Referral # 58557(			
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Please provide the following goods and services in accord Emergency Social Services Rates attached, to the following	arioo waa are j	FPERSON PURCHASII	NG GOODS (if different	from family representa	ilive)			
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FOOD YES NO *** GST	EXEMPT **	Manage and the feltices	rendered and/or condition	ions met.		Ø/1		
Restaurant Meals OR Gr	oceries Spanding Ac	ithority Signature	THE STATE OF CO.	(Print Name)	-/ iH			
# of adult/youths: # of children:	RESP	ACCT	STOB		ROJECT			
Total # of meals per person during "Valid Only" period:	1519	5 1200	30%	5 A3	735			
# of Breakfasts: # of Lunches:	# of Dinners:	1 0 2012 //2	1289	PEF 585	570	T ***		
NOTE: Alcohol, tobacco and gratuities are not el	igible expenses	# of peonils:	িলি৯ <i>ছিল:</i> Snecify	v          . rapproved items:				
Refer to attached ESS Rates sheet for maximum a	allowable rates				F			
18. LODGING 🔀 YES 🗌 NO *** GST I					<del>-</del>	<del></del>		
Hotel/Motel OR Z Bill	leting (0 10)	NOTE: It more th	an one Referral	form is issued (	gr incidents	als, the		
# of nights authorized: Thurty ohe (maximum	total of all Referral forms must not exceed maximum allowable rate.  Refer to attached ESS Rates sheet for maximum allowable rates							
Refer to attached ESS Rates sheet for maximum a	Cappy on an	2						
		Comments:	Please	rovide C	ECCOMPY	cahan		
horizont bustoned	EXEMPT ***	for Mari	1 - Har 31	un Lu	Sive	400		
# of people: Extreme winter conditions:	YES NO	1. total	of \$12	40.00	<u></u>	70.		
Refer to attached ESS Rates sheet for maximum a	illowable rates	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	, 0 0				
The personal information requested on this form is collected purposes and may be shared with other public bodies, or purposes information is publicated with other public bodies, or purposes information is publicated with other public bodies.	ianizations and/or agencies	only to enable th	e provision of emi	ernency services	Dieclocura	of		
personal information is subject to the provisions of the Fre disclosure of this information should be directed to the Ma PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Ph	nager, Emergency Social S	ratection of Privac Services Office, Pr	ry Act. Questions ovincial Emergen	regarding the coll cy Program,	fecti <b>on</b> , use (	or		
<sup>3</sup> s.22 24. Interv	dewers first name and initial of tast n	ame (please print)	25. Date (YYYY MM D					
OTE TO SUPPLIER - Send original (white cop	Pawella V	and lines in a dis-	2012	<u> 02 2</u>	9			
		]		<u>.</u>				
Emergency Social Services Office, Provincial E	mergency Program		1, STN PROV					
Victoria BC	V8W 9J1	PHONE 1-	-800-585-9559	FAX (25)	0) 952-583	31		





# INVOICE FOR HOST FAMILY (BILLETING)

As a host family providing accommodation to those in need during a disaster, you may be compensated for the additional expenses you may have incurred at that time. You will need to complete this invoice and attach it to the white copy of the BSS Referral form. Submit both this invoice and the white copy of the ESS Referral form to the local Ministry of Human Resources Office indicated on the bottom of the ESS Referral form. Please allow 6-8 weeks for receipt of payment. Please keep a photocopy of these forms for your personal records.

Date: February 39, 2012 PEP Task # 123 735.  (take from the top of the ESS Referral form)
Name of Supplier: (your name)
Mailing Address: (your address)
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral form) s.22
Daily Allowable Rates:  \$30.00 for first adult  \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under
Accommodation provided for:  adults children 13 yours of age and over children 12 years of age and under
Please pay:    X \$30 for first adult   = 930   Capproval     x \$10.00 each additional adult   = 310     x \$5.00 for each youth 13-18   = 1240.00     s.22
Name: (Please print)
Signature:

Page 87 of 104 TRA-2016-6468





CONTACTOR

#### REFERRAL

PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

Program. See reverse for more detailed information of the control	) Rates sheet is at	tached to this	Referral form, call 1	-800-663-34	56
	REDEEMABLE I		Refe	rral # 58	5571
s.22	1. PEP T	37 <i>35</i>	2. ESS Fik	a# (il applicable)	<del></del> -
•			7.3	511556	<b>5</b>
-			VALID ONLY	· · · · · · · · · · · · · · · · · · ·	コムル
_	From	2000		04 01	approv
-	То	30.00	2012:0	04 30	Jappron
13. At the request of the Community or District of	14. NAME 0 S.22	F FAMILY REPRESENTA	TIVE (family name, first name)		
District of Lilwet	45:414345-0	F PERSON PURCHASIN	G GOODS (if different from family	representative)	. <del></del> .
Please provide the following goods and services in accordar Emergency Social Services Rates attached, to the following	person(s):				
Number of Adults or Youths (13 - 18): 7600 Names S.22	Numb Name:	er of Children (12 s:	& under):		
_				1	
NOTE TO ESS WORKER: Use one form for each	h different-supplie	GOODS/SERVICES	REC'D Date[mm/yy/dd)	by O	Signature
<u> 17. jan 18. </u>	XEMPT ***	adhara a dharba far sauce	AMOUNT TO BE PAID is correct	t, is in accordance will plicable, that the work	n appropriate statu
		the acces supplied and	the services rendered strator corr	oglo(16 mei.	
	ceries ::	Spending Authority Si	MONTOBLE CEND	(Print Name)	<del></del> -
# of adult/youths: # of children:# o		RESP /	·	STOB	PROJECT
# of Breakfasts: # of Lunches:	n of Dinkers:	5586	12200 30	75 1.	73735
NOTE: Alcoho pacco and gratuitle are not ell		Commit #	Supplier 789	200	58557
Refer to attached ESS Rates sheet for maximum at		come	<b>エ</b> ファッパ		00 1
10		<u>in</u>		1200 -	7
"LODGING 🔀 YES 📗 NO **** GST E	XEMPT ***				
☐ Hotel/Motel OR 🔀 Bille	eting Cookerald		an one Referral form is al forms must not exce		
# of nights authorized: Thirk (maximum 3	by approval	Refer to attac	hed ESS Rates sheet for	r maximum allow	able rates
Refer to attached ESS Rates sheet for maximum a		22. Comments	Planca	nde	
CLOTHING YES NO *** GST E	XEMPT ***	Ciccoul-A	Flease pro	Emple -	
# of people: Extreme winter conditions:	YES NO	0.000-1900	anon tor In	100	<u>-</u>
Refer to attached ESS Rates sheet for maximum a	llowable rates	14PR 1-CC	P1 30 21CG	uswe_	
1	<u>.</u>	a total		0.00	
The personal information requested on this form is collected purposes and may be shared with other public bodies, org	anizations and/or agenci	es only to enable th	e provision of emergency	/ services. Discio	sure of
personal information is subject to the provisions of the Fre disclosure of this information should be directed to the Mar	edom of Information and	Protection of Privat	ty Act. Questions regardi	ng the collection	. use or
PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Ph	ione: 1-800-585-9559	00(1000 01100)	, septional consigning ( ) and		
5.22	ewers first name and initial of Jas	d name (please print)	25 Dale (YYYY MM 00)	31	
\\\\\\\\	o <i>mela i</i>	and itemized	100	<del>. ر</del>	<del></del>
			)1, STN PROV GOV	 Т	
Emergency Social Services Office, Provincial E	mergency Program	PO BOX 920	A, SIN FROV GOV	FAX	<u>-</u>
Victoria BC	V8W 9J1	1	-800-585-9559	(250) 95	2-5831





# INVOICE FOR HOST FAMILY (BILLETING)

As a host family providing accommodation to those in need during a disaster, you may be compensated for the additional expenses you may have incurred at that time. You will need to complete this invoice and attach it to the white copy of the ESS Referral form. Submit both this invoice and the white copy of the ESS Referral form to the local Ministry of Human Resources Office indicated on the bottom of the ESS Referral form. Please allow 6-8 weeks for receipt of payment. Please keep a photocopy of these forms for your personal records.

forms for your personal records.	
Date: MARCH 31, 2012 PEP Task # 123735  (take from the top of the ESS Referral for	rm)
Name of Supplier: (your name)	
Mailing Address: (your address	
Phone Number: (your phone #)	
Name of Family Representative: (same name as appears on the ESS Referral form)  s.22	
Date of Accommodation provided: From: APR 1, 2012 To: APR 30 20  Inclusion  10 10 10 10 10 10 10 10 10 10 10 10 10 1	212 تان
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult, and \$10.00 for each youth 13-18 \$0.00 for children 12 and under	
Accommodation provided for:  adults children 13 yours of age and over children 12 years of age and under	
Please pay: $\begin{array}{c} x $30 \text{ for first adult} \\ x $10.00 \text{ each additional adult} \\ x $5.00 \text{ for each youth } 13-18 \\ \hline \end{array}$ $\begin{array}{c} x $5.00 \text{ for each youth } 13-18 \\ \hline \end{array}$	
Name: (Please print)	
Signature:	





Solicitor General | Streigs | Streig

goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency. Program: See reverse for more detailed information and billing instructions. lf no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456 NOT REDEEMABLE FOR CASH s.22 Referral # VALID ONLY From To Dole At the request of the Community or District of 14. NAME OF FAMILY REPRESENTATIVE (family name, first name) Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s): 16. Number of Adults or Youths (13 - 18) - TTXX Number of Children (12 & under): Names:\_s.22 Names:\_ NOTE TO ESS WORKER: Use one form for each different supplier AND Tick "YES" or "NO! for each category below **FOOD** Restaurant Meats: Groceries JAN -# of children: Total # of meals per person during "Valid Only" period: MIN. OF PUBLIC GOODS/SERVICES REC'D 3/17/1 by Signature SOLICITOR GE GOODS/SERVICES REC'D Date/mm/yy/dd) by Signature of Dimners EP HO CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status of MIN, OF PUBLIC # of Breakfasts: other sulhority for payment end/or contract and where applicable, that the work has been performed the goods supplied and the services randered and/or conditions met. NOTE: Alcohol, tobacco and gratuities are not eligible expenses SIGNED ELECTRONICALLY Refer to attached ESS Rates sheet for maximum allowable rates Spending Authority Signature 18. LODGING 📿 **GST EXEMPT \*\*\*** RESP PROJECT Hotel/Motel Billeting # of nights authorized: Twenty Refer to attached ESS Rates sheet for maximum allowable rates Comments: CLOTHING | \*\*\* GST EXEMPT \*\*\* # of people:\_ Extreme winter conditions: Refer to attached ESS Rates sheet for maximum allowable rates The personal information requested on this form is collected under the authority of the Emergency Program Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559 24. Interviewers first name and initial of last name (please print) s.22 25. Cate (YYYY MM DD)

NOTE TO SUPPLIER - Send original (white copy) of Referral form and itemized invoices to:

Emergency Social Services Office, Provincial Emergency Program

PO Box 9201, STN PROV GOVT

Victoria BC

V8W 9J1

PHONE 1-800-585-9559

(250) 952-5831



Revised April 2007

# BILLETING INVOICE

As a host providing accommodation to those in need during a disaster, you may be compensated for additional expenses incurred by claiming the billeting allowance. Please complete this invoice and attach it to the white copy of the ESS Referral form issued in your name. Submit both this invoice and the white copy of the Referral form to the Provincial Emergency Program address indicated on the bottom of the Referral form. Please keep a photocopy of these forms for your personal records and allow 6-8 weeks for receipt of payment.

Date: Dec	PEP Task #	123	736 .	Referral Form)
	s.22	(take from t	he too of the ESS	Referral Form)
Name of Supplier: (your name)	_			<u> </u>
Mailing Address: (your address	9			
s.22				
Phone Number: (your phone #)	s.22 -			
Name of Family Representative s.22	: (same name as ann	enre on the l	FSS Roformal Have	m)
Date of Accommodation provide	ed: From <u>Dec</u>	· 11, .	2011 7	20
	To: <u>Dec</u>	30 ;	2011 7 2011 \}	nght.
\$1	0.00 for first adult 0.00 each additional 5.00 for each child 12	adult and ye 2 and under	outh (13-18)	
Accommodation provided for:	Two adults		s age and under	
Please pay: x \$30 for x \$10.00 x \$5.00	each additional adul	t/youth	= <u>600</u> = <u>200</u> =	
	Т	OTAL	800.	50
Name: (Please print) s.22 Signature:	_			



# PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

If no Emergency Social Services (E	SS) Rates sheet is at	tached to this Referral form	n. call 1-800-663-3456
	REDEEMABLE		Defended COFFOO
3. NAME OF SUPPLIER  BUY LEXT FOOD  4. ADDRESS OF SUPPLIER	1. PEP Ţ	ASK# (23735	Referral # 585532
OLD MILL PLAZA		VALID ON	
	COUE 1√⊘ From	9 10.	2011 12 11
(250) 256 7922 ( )	То	11. 20,30	287 12 30
13. At the request of the Community or District of	4 11	F FAMILY REPRESENTATIVE (family name, fi	rst name)
District of Lellooet	-/   <u>                                  </u>	s.22	
Please provide the following goods and services in accord Emergency Social Services Rates attached, to the following	Tarice With the	F PERSON PURCHASING GOODS (If differen	t from family representative)
16. Number of Adults or Youths (13 - 18): TLOO		er of Children (12 & under):	
Names:_ <sup>S.22</sup>	Names	s:	
NOTE TO ESS WORKER: Use one form for e	ach different supplier /	AND Tick "YES" or "NO" for $\epsilon$	each category below
TOOD YES NO *** GST	EXEMPT ***	20. TRANSPORTATION Y	ES NO ··· GST EXEMPT ···
Restaurant Meals OR G	roceries	Specify Mode of Travel:	
# of adult/youths: Too # of children			
Total # of meals per person during "Valid Only" period:	اللانيسيسية	From (address)	To (destination)
# of Breakfasts: # of Lunches:	# of Dinners:	INCIDENTALS YES	NO *** GST EXEMPT ***
NOTE: Alcohol, tobacco and gratuities are not e Refer to attached ESS Rates sheet for maximum		# of people: Specif	y approved items:
LODGING YES AND *** GST	EXEMPT *** 🞝 🐧	KID ON FILE	AT DECI
Hotel/Motet OR B	illeting		I form is issued for incidentals, the not exceed maximum allowable rate.
		Refer to attached ESS Rates	sheet for maximum allowable rates
GOODS/SERVICES REC'D 3/12/1 by 12:	Signature	<sup>22.</sup> Comments: <i>Please</i>	provide
SERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with other authority for payment and/or contract and where applicable, that the work	h appropriate statue or	Grocenes to A	ie iblue ort
he goods supplied and the services rendered end/or conditions metry	116 / NO P	7 900 m Luc	20 Mays - by
panding Authority Signature (Print Name)	<del>_2(''</del> / & yy /	Concorded.	- 224
RESP ACCT STOR	PROJECT Fifty of the	he Emergency Program Act and is	necessary for administrative
1586 12200 7918 A	3735 agencie	is only to enable the provision of en Protection of Privacy Act. Questions	nergency services. Disclosure of sregarding the collection, use or
1 0 000 201 011 104 Cort V pg 1	158553359	Services Office, Provincial Emerger	ncy Program,
23 S.22 .4 Into	rviewers first name and initial of last	name (please print) 25. Date (YYYY MM	DD)
	Remela V	2011:1	2: //
NOTE TO SUPPLIER - Send original (white co	py) of Referral form	and itemized invoices to:	
Emergency Social Services Office, Provincial I	Emergency Program	PO Box 9201, STN PROV	/ GOVT
Victoria BC	V8W 9J1	PHONE 1-800-585-955	9 (250) 952-5831



PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

Program. See reverse for more detailed information.  If no Emergency Social Services (ES)	ation and billing instruction		al form, call 4-800-	663-3456
s.22	REDEEMABLE FOI		2. ESS File # (if app	* 585554 Grabbe) 511 55 &
13. At the request of the Community or District of	To 11.	20 30	DONLY 10. 2011 12 12. 2011 12	
Please provide the following goods and services in accorde Emergency Social Services Rates attached, to the following 16. Number of Adults or Youths (13, -18):S.22	ance with the g person(s):	SCN FURCHASING GCODS ( Children (12 & under	(if different from family represent	tative]
	CERTIF oceries  # of Dinners:  igible expenses  cliowable rates	IED THAT THE AMOUNT TO thority for payment and/or cont is supplied and the services respectively. Signature SP ACCT	SCTRONICALLY	Signature Signature Iance with appropriate statue or the work has been performed, t Name) PROJECT
# of nights authorized: Dever (maximum a	tota  3)  allowable rates  EXEMPT ***  YES NO	al of all Referral forms Refer to attached ESS	Referral form is issued must not exceed max Rates sheet for maxim	dmum allowable rate, um allowable rates
The personal information requested on this form is collect purposes and may be shared with other public bodies, or personal information is subject to the provisions of the Fredisclosure of this information should be directed to the Ma PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Pt s.22	ted under the authority of the Eganizations and/or agencies on the edom of Information and Protestage, Emergency Social Servitione: 1-800-585-9559  Viewers first name and initial of last name of Camela.	ly to enable the provision of Privacy Act. Quices Office, Provincial Explanation (please print) 25. Date (**)	on of emergency service uestions regarding the demonstrated Emergency Program,	es. Disclosure of
Emergency Social Services Office, Provincial E	mergency Program.	PHONE	PROV GOVT	NEON DED EDD4
Victoria BC	V8W 9J1	1-800-58	35-9559 (2	250) 952-5831



# BILLETING INVOICE

As a host providing accommodation to those in need during a disaster, you may be compensated for additional expenses incurred by claiming the billeting allowance. Please complete this invoice and attach it to the white copy of the ESS Referral form issued in your name. Submit both this invoice and the white copy of the Referral form to the Provincial Emergency Program address indicated on the bottom of the Referral form. Please keep a photocopy of these forms for your personal records and allow 6-8 weeks for receipt of payment.

Date: Dec 11, 2011 PEP Tas	sk # <u>/a</u> (take fi	237.	35 top of the ESS	Referral Form)
s.22 Name of Supplier: (your name)				
Mailing Address: (your address) s.22				
s.22 Phone Number: (your phone #,	_			
Name of Family Penrecentatives (same some of \$.22	as appears on	the ESS	Referral Form	n)
Date of Accommodation provided: From	DEC	04	2011	2 7 mghts
То:	DEC			
Daily Allowable Rates: \$30,00 for first a \$10.00 each addition \$5.00 for each c	itional adult a	nd youth	i (13-18)	
	dults ouths 13 – 18 hildren 12 yea		e and under	
Please pay: 7 x \$30 for first adult 7 x \$10.00 each addition x \$ 5.00 for each child	al adult/youth		210.00 70.00	
	TOTAL		280.00	· —-
s.22 Name: (Please prim	44-	·		
Signature:				٠.



# JAN 20 2012

REFERRAL

# PLEASE PRESS HARDISY OUVARE MAKING 4 COPIES

goods and/or services along with the longinal (White) COPY. Program, See reverse for more detailed information and bill	Bayout all all and differ	A I I O I D L COUKE MILES			00 6605745	
and the impropercy Social Services (ESD) hates a	II HIS GU		mskeet m			
NOT REDEEN	1 OCO T	NSK #		Referr	al# 644	1803 j
3. NAME OF SUPPLIER BUY LOW FOODS		<u>237</u>	<u>35                                    </u>	2. ESS File #		· - · · ·
				10.	11555	
6. CITY 6. POSTAL CODE	ļ.		VALI	D ONLY		
LILLOSET BC VOILINO	From	<u>" 20'.</u>	.3 <u>0</u>	2011:13	2/1/	
7. TELEPHONE (250) 256-7922 ( )	То	_ <u>20 ^.</u> الم	30	20/1 /	2   30	
13. At the request of the Community or District of			ESENTATIVE (fan	rily name, first name)		
District of Lilloat	s.22		CHASING GOODS	2 (ii Gillétetit natu isidak se	presentative)	
Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):						
16. Number of Adults or Youths (13 - 18): SIVE			en (12 & unde	<u>-r):</u>		_
Names;s.22	_ Name	s:			·	
	– Halindario de la companya de la com					H T
NOTE TO ESS WORKER füse one form for each differen	rsupplier.	AND HICK	YES OLUN			CAIDT
17. FOOD YES NO *** GST EXEMPT **	**			ON YES NO	NO*** GSTEX	(EIVIPT ***
Restaurant Meats OR Groceries		Specify M	lode of Travel:	<u> </u>		
# of adult/youths: # of children: # of children:	16'	<del></del> -	From (address).		To (destination	]
Total # of meals per person during "Valid Only" period: 20 Document of meals per person during "Valid Only" period: 20 Document of the period	12.	21. INCIDE	ENTALS [	TYES NO	*** GST E	XEMPT ***
# of Breakfasts: # of Lunches: BM CHP of Dinners	s:				•	
NOTE: Alcohol, tobacco and gratuities are not eligible expen	.ses	# of peo	pple:	_ Specify approve	o items:	
Refer to attached ESS Rates sheet for maximum allowable rate	PA STEEL	J.		. At falmbo	<u> </u>	
18. LODGING YES NO *** GST EXEMPT	**** , 4 3 **		e à 4 principes	3 7 3 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Hotel/Motel OR Billeting		total of al	It Referral for	e Referral form is i ms must not excee	d maximum ali	owable rate.
# of nights authorized: (maximum 3)		Refer	to attached E	SS Rates sheet for	maximum allowa	able rates
	<u>-</u>	<sup>22.</sup> Comr	ments: 🎣	ease are	surde	
(Xalah CI)	<u> </u>	Clark	enen	to the	sselle Stelv	e of
GOODS/SERVICES RECID 312 Signature  Date(mm/yy/dd) Signature	statura og 10	\$ 115	0.00)	Inst Do	days.	0
GOODS/SERVICES  Date(mit/yy/dd)  Date(mit/yy/dd)  CERTIFIED THAY THE AMOUNT TO BE PAID is correct, is in accordance with appropriate a certified that the work has been performed authority for payment and/or contract and where applicable, that the work has been performed authority for payment and/or conditions met.	(bemod	17.38		70		•
the goods supplied the goods sup	140/	f the Emerce	ency Program	Act and is necessar	y for administrat	ive
Spanding Authority Signature PROJECT	<del>- \</del>	sion only to a	anable the <b>ri</b> ro	vision of emergency . Questions regardin	Services, Discio	Suite Oi
15186 13200 7918 A3735	oci	al Services (	Office, Province	ial Emergency Prog	rám,	
Supplier, 1111 hard inverse had	480 101	asi name (please	e print) 25, D	ate (YYYY MM DD)		
8.22 Paux	Da_	V		2011: 12	200	
NOTE TO SUPPLIER - Send original (white copy) of Re	ferral for	m and itei	mized invo	ices to:	<del></del> -	<u> </u>
Emergency Social Services Office, Provincial Emergence		POE	30x 9201, S	TN PROV GOV	T FAX	
Victoria BC	V8W 9J1		1-800	0-585-9559	(250) 95	2-5831
White copy - Supplier - Yellow Copy - Evacuee - P	ink Copy - ESS	Office, PEP (Vict	laria) Grean Cop	y - Documentation Unit		

Canada, von Tvo

14AN 26 2012

**Customer Statement** 

2012/01/01 Through 2012/01/17

Mind. OF PUBLIC SAFETY A SOUTHFREE WEEFFEE

PROVINCIAL EMERGENCY PROGRAM

Account # 225

POBOX 9201 STN PROV GOV'T

VICTORIA, BC Ca,V8W9J1

FX:	(	)	-	

Date	InvNmbr Type	Description		Amount	Balance
20   1/12/31		BALANCE FORWARD		379.50	379.50
2012/01/02	99811113279 CHG	Charge		28.75	408.25
2012/01/09	99811117887 CHG	Charge	<b>~</b>	78.16	486.41
2012/01/16	99811122291 PAY	Payment PANN 84 s.22	ON DEBIT	-36.41	450.00
Balance	Due:				450,00



#### REFERRAL

PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

Program. See reverse for more detailed inform If no Emergency Social Services (E	lation and billing insti SS) Rates sheet is a	uctions. ittached to	this Referral I	orm, cal	1-800-663-3	<b>456</b>
NO.	T REDEEMABLE	FOR CA	SH		A MINISTER OF THE PROPERTY OF	
s.22	<b>–</b>	TASK#		⊐ ∣ Ref	erral#5	35553 l
		1237	35.	2, ESS	File # (if applicable)	30000
-		<del>-//-</del>	<u> </u>		5115	56
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<b>)</b> :	7	9	VALID C	NLY		
7	From	20	( <del>)</del>	2011	1201	
		1 <sup>11</sup> 20	) ႏႏုန္ပို့ပ	2011	1204	
13. At the request of the Community or District of	14, NAME	OF FAMILY REPRI	SENTATIVE (family nar			
District of felliost	s.22			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Please provide the following goods and services in accord	ance with the	OF PÉRSON PUR	HASING GOODS (if diff	erent from fami	ly representative)	
Emergency Social Services Rates attached, to the following	ance martine				•	
16 Number of Adults or Youths (13 - 18): 7500		har of Child	n (12 & under):			
Names: s.22	Num Name		n (12 & under):			
	(Yalli	, <u>.</u>		<u> </u>		
NOTE TO ESS WORKER: Use one form for ea	ach different suppli		(Q) _	1 1		, 1
FOOD YES NO *** GST	EXEMPT ***	SOODS/SERVI		/12/1 hm/yy/dd)	_b\ <u> </u>	
'		ERTIFIED THAT ther authority for p	THE AMOUNT TO BE P symant and/or contract a and the services renders	AID is correct.	ie in geeendanse with	prieture () appropriete status or been need as
# of adult/youths: # of children		se goods supplied				7 a)
Total # of meals per person during "Valid Only" period:			SIGNED EL	ECTRO	NICALLY	1 1201
	_	Pending Authorit	y Signature ACCY	BOTS	(Print Name)	10
# of Breakfasts: # of Lunches:	# of Dinners:	111	(= - 20)	3108		PROJECT
NOTE: Alcohol, tobacco and gratuities are not e	ligible expenses	5/80.	12260	/9/	8 H3.	135
Refer to attached ESS Rates sheet for maximum	allowable rates 🥡 🖟	ommit#	Supplier		lny#	
18.		<u> C. 2. 2012</u>	1,100	89	_ BE-	58553
LODGING YES NO *** GST	EXEMPT ***	<u> </u>				
Hotel/Motel OR Bi	lleting	NOTE: If mo	re than one Refe	rral form is	issued for incid	fentals, the
# of nights authorized: THREE (maximum	3)		leferral forms mu attached ESS Rat			•
Refer to attached ESS Rates sheet for maximum	allowable rates	<sup>22.</sup> Comme	nts:		2	
CLOTHING YES NO *** GST	EXEMPT ***	0	attached ESS Rat nts: Plea punum oclas 119645	<u> </u>	Provide	
# of people: Extreme winter conditions:	YES NO	رير <u>ري</u> د ح	renou OCX Cu	704	<i>tul</i>	
Refer to attached ESS Rates sheet for maximum.	allowable rates	_ > /.	119673	<del></del> -	<del>-</del>	
The personal information requested on this form is collect purposes and may be shared with other public bodies, or personal information is subject to the provisions of the Fridisclosure of this information should be directed to the Ma PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 P	ganizations and/or agenci eedom of Information and enager, Emergency Social	the Emergency es only to enat Protection of F	Program Act and ple the provision of Privacy Act. Question	is necessar emergency	ry for administrati services. Disclo	ve
23 S.22	viewers first game and initial of las	rame (please prin	t) 25. Date (YYYY	MM DD1		
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NOTE TO SUPPLIER - Send original (white co	, — ·	and itemiz	ed invoices to	/	٠. ٥٠	
		MIN ROTTIZ	ea myorces to	<u>·-</u> -	<del></del>	<del></del>
Emergency Social Services Office, Provincial E	mergency Program		9201, STN PR			
Victoria BC	√8W 9J1	PHON	1-800-585-9		(250) 952	-5831



# BILLETING INVOICE

As a host providing accommodation to those in need during a disaster, you may be compensated for additional expenses incurred by claiming the billeting allowance. Please complete this invoice and attach it to the white copy of the ESS Referral form issued in your name. Submit both this invoice and the white copy of the Referral form to the Provincial Emergency Program address indicated on the bottom of the Referral form. Please keep a photocopy of these forms for your personal records and allow 6-8 weeks for receipt of payment.

your personal records and anow 0-8 weeks for receipt of payment.
Date: Dec 1, 2011 PEP Task # 123 735  (take from the top of the ESS Referral Form
Name of Supplier: (your name)  Mailing Address: (your address)
Phone Number: (your phone #)
Name of Family Representative: (same name as annears on the ESS Referral Form) s.22
Date of Accommodation provided: From DEC 1, 2011  To: DEC 4, 2011
To: DEC 4, 2011
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult and youth (13-18) \$5.00 for each child 12 and under
Accommodation provided for:  2 adults youths 13 – 18 years children 12 years of age and under
Please pay:
TOTAL 120.00
s.22
Name: (Plea
Signature:





PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

if по Emergency Social Services (ESS) I	Rates sheet is attached to this Referral form, call 1-800-663-3456
s.22	EDEEMABLE FOR CASH  1. PEP TASK #  1. 3.7.3.5.  Referral # 585552  2. ESS File # (If applicable)
	s.22
	VALID ONLY
	From 2 3 3 10. 2 17. 12. 12. 12.
	To 20 00 28 11 2 03
13. At the request of the Community or District of	14. NAME OF FAMILY REPRESENTATIVE (family name, first name)  \$.22
Please provide the following goods and services in accordance Emergency Social Services Rates attached, to the following pe	e with the
16. Number of Adults or Youths (13 - 18): 5.22	Number of Children (12 & under):  Names:
NOTE TO ESS WORKER: Use one form for each	different/supplier AND Tick "YES" or "NO" for each category below
17. FOOD YES NO *** GST EX	KEMPT ***   20. TRANSPORTATION   YES   NO GST EXEMPT ***
Restaurant Meals OR Groce	eries Specify Mode of Travel:
# of adult/youths: # of children:	From (address) To (destination)
Total # of meals per person during "Valid Only" period:	21
# of Breakfasts: # of Lunches: #	Of Difficis, INCIDENTALS [ ]
NOTE: Alcohol, tobacco and gratuities are not eligi Refer to attached ESS Rates sheet for maximum allo	owable rates GOODS/SERVICES REC'D 2/12/7 by Signature
18. LODGING YES NO. *** GST EX	the paods supplied and the services randered and/or conditions met.
I-fotel/Motel OR L/ Billeti	ting SIGNED ELECTRONICALLY ite.
# of nights authorized: (maximum 3)	Spending Authority Signature (Print Name)
Refer to attached ESS Rates sheet for maximum allo	RESP
19 CLOTHING YES NO *** GST EX	XEMPT *** Commit #Zh 5 00 Supplier 789 120 SSSSZA
# of people: Extreme winter conditions:	YES CULTUTE TO TO 1 330 21
Refer to attached ESS Rates sheet for maximum allo	owable rates UNAPOFEB 0 9 2012 (360.10)
purposes and may be shared with other public bodies, orgation personal information is subject to the provisions of the Free disclosure of this information should be directed to the Mana PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Pho	d under the authority of the Emergency Program Act and is necessary for administrative anizations and/or agencies only to enable the provision of emergency services. Disclosure of edom of Information and Protection of Privacy Act. Questions regarding the collection, use or larger, Emergency Social Services Office, Provincial Emergency Program, one: 1-800-585-9559
23. Signature of Establis Benauscentation (24. Interville	swers first name and initial of last name (please print) 25. Date (YYYY MM DD)
NOTE TO SUPPLIER - Send original (white copy	y) of Referral form and itemized invoices to:
Emergency Social Services Office, Provincial Em	
Victoria BC	V8W 9J1 1-800-585-9559 Page 99 07 104 11 A-2016-646
	Final Pink Conv. ESS Office, PEP (Victoria) Green Copy - Documentation Unit





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NOTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates stieet is attached to this Referral form, call 1-800-663-3456 NOT REDEEMABLE FOR CASH Referral # 585821 1. PEP TASK# 123 735 s.22 VALID ONLY From To At the request of the Community or District of 14. NAME OF FAMILY REPRESENTATIVE (family name, first name 15 NAME OF PERSON PURCHASING GOODS (if different from family representative) Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s): Number of Children (12 & under): \_\_ Names: s.22 NOTE TO ESS WORKER: Use one form for each different supplier AND Tick "YES" or "NO" for each category below. TRANSPORTATION YES NO ... GST EXEMPT ... \*\*\* GST EXEMPT \*\*\* FOOD Specify Mode of Travel: Groceries Restaurant Meals # of children: # of adult/youths:\_ To (destination) From (address) Total # of meals per person during "Vatid Only" period: \*\*\* GST EXEMPT \*\*\* INCIDENTALS # of Breakfasts: # of Dinners: # of Lunches: \_\_\_ NOTE: Alcohol, tobacco and gratuities are not eligible expenses Specify approved items: \_\_\_\_ Refer to attached ESS Rates sheet for maximum allowable rates 18 LODGING 📈 \*\*\* GST EXEMPT \*\*\* NOTE: If more than one Referral form is issued for incidentals, the Hotel/Motel OŔ. total of all Referral forms must not exceed maximum allowable rate. Refer to attached ESS Rates sheet for maximum allowable rates (maximum 3) # of nights authorized: Refer to attached ESS Rates sheet for maximum allowable rates Comments: CLOTHING TYES \*\*\* GST EXEMPT \*\*\* NO Extreme winter conditions: # of people:\_\_\_ Refer to attached ESS Rates sheet for maximum allowable rates The personal information requested on this form is collected under the authority of the Emergency Program Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559 22 Standard of E-mily Panescantation 24 interviewers first name and initial of last name (please print) Robuselle NOTE TO SUPPLIER - Send original (white copy) of Referral form and itemized invoices to: PO Box 9201, STN PROV GOVT Emergency Social Services Office, Provincial Emergency Program

Victoria BC

V8W 9J1



# BILLETING INVOICE

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As a host providing accommodation to those in need during a disaster, you may be compensated for additional expenses incurred by claiming the billeting allowance. Please complete this invoice and attach it to the white copy of the ESS Referral form issued in your name. Submit both this invoice and the white copy of the Referral form to the Provincial Emergency Program address indicated on the bottom of the Referral form. Please keep a photocopy of these forms for your personal records and allow 6-8 weeks for receipt of payment.

Date: Dec 1/2011 PEP Task # 123735  (take from the top of the ESS Referral Form)
Name of Supplier: (your name)
Mailing Address: (your address)
Phone Number: (your phone #)
Name of Family Representative: (same name as appears on the ESS Referral Form)
Date of Accommodation provided: From DEC 1, 2011
To: Dec 12, 2011
Daily Allowable Rates: \$30.00 for first adult \$10.00 each additional adult and youth (13-18) \$5.00 for each child 12 and under
Accommodation provided for:  adults youths 13 - 18 years children 12 years of age and under
Please pay:
TOTAL <u>90.00</u> 360.00
s.22
Name: (Please pnint) s.22
Signati

Page 101 of 104 TRA-2016-64688



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NOTALL SER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of goods and/or-services along with the original (white) copy of this Referral form and submit to the Provincial Emergency Program. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

NOT RI	EDEEMABLE	FOR CASH	<u> </u>	
3. NAME OF SUPPLIER	1. PEP			ferral # 585551
4 ADDRESS OF SUPPLIER	/	<i>23735</i>		S File # (if applicable)
OHO MILL PLAZA. 147	7			511556
		V	ALID ONLY	
ELLEGET BC G. POSTAL COOK	VO From	30 30	10.	13 24
7. TELEPHONE 8. FAX		11.	12.	1201
(250) 256 7922 ( )	То	20 30	2011	1204
13. At the request of the Community or District of		OF FAMILY REPRESENTATIVE	E (family name, first name	e)
District of Lillooct	s.22			
Please provide the following goods and services in accordance Emergency Social Services Rates attached, to the following per	with the L	PERSON PURCHASING G	OODS (il different from fa	m:ly represenlative}
16. Number of Adults or Youths (13 - 18): Two	Numb	er of Children (12 & u	ınder):	
Names:s.22	Name	s:		
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17. FOOD YES NO *** GST EXE	MPT ***	TIFIFD THAT THE ALLEGA	Date(mm/yy/dd)	Signature
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# of adult/youths: Two # of children:			D ELECTRON	
Total # of meals per person during "Valid Only" period:	Spano	ling Authority Signature		(Print Name)
# of Breakfasts: # of Lunches: # or	7// 1	RESP ACCT	STOB	PROJECT
NOTE: Alcohol, tobacco and gratuities are not eligible	1787/	JEJ 1226	201 791	1 2772
Refer to attached ESS Rates sheet for maximum allows	_ ✓ Comm	ILA S	upplier	2 3735
46		The col	38415G	KE7585551-
LODGING YES YES NO *** GST EXE	MPT *** ()	125 /// FER	200	TRIF998116944
Hotel/Motel OR Billeting	44	•	one Referral form	is issued for incidentals, the
	,	total of all Referral fe	orms must not ex	ceed maximum allowable rate.
# of nights authorized: (maximum 3)		Refer to attached	ESS Rates sheet	for maximum allowable rates
Refer to attached ESS Rates sheet for maximum allows	able rates	Comments:	1 .	134.05
19. CLOTHING YES NO *** GST EXE	MPT ***		01ease 1	Dupaly Met (31)
# of people: Extreme winter conditions:	YES NO	9000 8420	to the	e Value of
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PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone:		24111000 01110011 101111	oral Emergency ( a	zgram,
3.22 24. Interviewers	s first name and initial of last	name (please print) 25. t	Date (YYYY MM DD)	
l fa	usela V	,	201/12	· 0/
NOTE TO SUPPLIER - Send original (white copy)	of Referral form	and itemized invo	pices to:	
Emergency Social Services Office, Provincial Emergency	gency Program	PO Box 9201, 5	STN PROV GO	
Victoria BC	V8W 9J1	PHONE 1_801	0-585-9559	(250) 952-5831





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DTE TO SUPPLIER: GST exempt # 107864738. Please attach itemized receipts and invoices providing specific details of ods and/or services along with the original (white) copy of this Referral form and submit to the Provincial Emergency ogram. See reverse for more detailed information and billing instructions.

If no Emergency Social Services (ESS) Rates sheet is attached to this Referral form, call 1-800-663-3456

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AME OF SUPPLIER	1. PEP TASK#	フスジ	Referral # 585820
BUY LOW FOODS  DORESS OF SUPPLIER		/ - / -	2. ESS File # (if applicable)
TO MILL PLAZA			T511555.
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ELEPHONE 8, FAX	11.	12	011 12 04
25) 256 7922 ( )	To	All (Mail State St	611 120 11
At the request of the Community or District of	14, NAME OF FAMILY R	EPRESENTATIVE (/amily name, I	irst name)
District of Lilloret	s.22		
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Number of Adults or Youths (13 - 18):	Number of Chil	dren (12 & under):	
ames:s.22	Names:		
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Restaurant Meals OR I Groceries	n siz	ka an aktonopi	
# of adult/youths: # of children:	GOOD	SISERVICES REC'D 1/12	<u> </u>
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NOTE: Alcohol, tobacco and gratuities are not eligible e	<b>A</b>		CTRONICALLY
Refer to attached ESS Rates sheet for maximum allowable	Spanding	Authority Signature	(Print Name)
	RE RE	SP ACCT	STOB PROJECT
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Hotel/Motel OR Billeting	Compile Compiler	Supplie	U156 PEFS85820-
of nights authorized: (maximum 3)	1) 1) 7 nen	di lo ananién Coo Males	original distributions of the second of the
Refer to attached ESS Rates sheet for maximum allowable	le rates 22 Com	ments: Please	(225.00)
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	- Croc	eries for	seven days
of people: Extreme winter conditions: \	ES NO	Jea Hali	e d. 4/57.50
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he personal information requested on this form is collected undi urposes and may be shared with other public bodies, organizati			
ersonal information is subject to the provisions of the Freedom of			
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<u></u>	-000-000-8009 st name and initial of last name (pleas	se print)     25. Data (YYYY Mh	(DI)
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re TO SUPPLIER - Send original (white copy) of		1 201. / 4	2 OF IMM TO SMAN
	Referral form and ite	mized invoices to:	W 0 12
mergency Social Services Office, Provincial Emerge		mized invoices to: Box 9201, STN PRO	V GOVT
nergency Social Services Office, Provincial Emerge			V GOVT



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goods and/of services along with the original (white) copy of this Referral form and submit to the Provincial ⊑mergency Program. See reverse for more detailed information and billing instructions.

Jf.no:Emergency:Social Services (ESS) Rates sheet is attached to this:Referral form, call 1-800-663-3456 NOT REDEEMABLE FOR CASH T NAME OF SUPPLIED Referral # 585555 1. PEP TASK # 2. ESS File # (il applicable) T511556 5. CITY VALID ONLY 6. POSTAL CODE From 7 TELEPHONE At the request of the Community or District of 14. NAME OF FAMILY REPRESENTATIVE III-Please provide the following goods and services in accordance with the 15. NAME OF PERSON PURCHASING GOODS (if different from family representative) Emergency Social Services Rates attached, to the following person(s): <sup>16.</sup> Number of Adults or Youths (13 - 18): Names of Children (12 & under) Names:\_ s.22 NOTE TO ESS WORKER: Use one form for each different sup \*\*\* GST EXEMPT \*\*\* CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statue of other authority for payment and/or contract and where applicable, that the work has been performe the goods supplied and the services rendered and/or conditions mat. Réstaurant Meals. Groceries # of adult/youths: SIGNED ELECTRONICALLY Total # of meals per person during "Valid Only" period: Spending Authority Signature # of Breakfasts: \_\_\_ STOR # of Lunches:\_ PROJECT # of Dinners: NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates LODGING YES X NO \*\*\* GST EXEMPT \*\*\* NOTE: If more than one Referral form is issued for incidentals, the Hotel/Mote! Billetina total of all Referral forms must not exceed maximum allowable rate. # of nights authorized; Refer to attached ESS Rates sheet for maximum allowable rates Refer to attached ESS Rates sheet for maximum allowable rates Comments: CLOTHING. \*\*\* GST EXEMPT \*\*\* # of people: Extreme winter conditions: Refer to attached ESS Rates sheet for maximum allowable rates The personal information requested on this form is collected under the authority of the Emergency Program Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies only to enable the provision of emergency services. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, use or disclosure of this information should be directed to the Manager, Emergency Social Services Office, Provincial Emergency Program, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559 s.22 24. Interviewers first name and initial of last name (please print) 2011.12:04. NOTE TO SUPPLIER - Send original (white copy) of Referral form and itemized invoices to: Emergency Social Services Office, Provincial Emergency Program PO Box 9201, STN PROV GOVT

Victoria BC

(250) 952-5831

1-800-585-9559