

Ministry of Justice – Emergency Management BC

Briefing Note

Region: Central Region
Municipality: Village of Lillooet

I. PREPARED FOR: Information

II. ISSUE:

November 9th, 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 25th from a possible landslide caused by the erosion below the roadbed. A declaration of Local State of Emergency was declared November 30th, 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 18th 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 by-law that was approved via the Ministry of Community Development.

IV. DISCUSSION:

s.13,s.16

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 18th and again February 23rd. February 8th 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 9th, 2012 with details and complete costs.

March 5th, four additional EAFs for a total of \$676000 were submitted to EMBC to seek compensation for the construction and repairs costs of Mountain View Road. These EAFs are currently under review. At this time there has been no acceptance or rejection of any request for financial assistance.

March 2nd, 2012 EMBC was invited to attend a meeting in Lillooet on March 8th 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 made 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:

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 9th, 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:

ADM Approval:

**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 "fleekit") 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:

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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

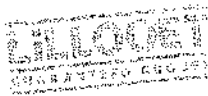
**RE: SEPTEMBER 07, 2012 VICTORIA MEETING DISCUSSION POINTS WITH
STAFF FROM EMERGENCY MANAGEMENT BC, MINISTRY OF JUSTICE
AND, MINISTRY OF COMMUNITY, SPORT AND CULTURAL DEVELOPMENT**

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.
3. Mountain View Road costs and cost distribution between the Aboriginal Affairs and Northern Development Canada, Emergency Management BC and the District of Lillooet.
4. 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.
6. Mitigation costs for Town Creek Watershed issues, Town Creek issues and groundwater issues caused by the Mount McLean fire.
7. District of Lillooet proposed Storm Water Project for Town Creek.
8. Evacuated parties who cannot re-occupy their homes.



2012-10-10 10:10 AM
Lillooet District
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9. 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 Lillooet 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 Pideman	Director of Finance
Steve Hohner	Director of Public Works
Steve Underwood	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

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 be 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.

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 T'it'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 T'it'q'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.

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'q'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 stream-revitalization 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.

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 on-going 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 campground.
 - Reviews of applications for this program are still underway, and funding announcement for successful projects are anticipated late this year.

- 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

Boundary extension – 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
s.13,s.16

SCIFF funding – 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

Corporate review – 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
s.13,s.16

APPENDIX D: Map of Lillooet

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

Copyright

TASK EXPENSE FORM

DESCRIPTION: Harding
 AREA: Lillooet District

TASK NO: 123735

		ALLOTTED \$	
DATE	PAYEE	TOTAL CLAIM	\$ EXPENDED TO DATE
Jan 11/12	Buy Low Foods	225.00	
Feb 2/12	✓ - - -	134.83	
Feb 9/12	s.22	360.00	1410.00 DEC 1-12/11
Mar 2/12	✓	120.00	s.22
✓		280.00	Bill to s.22
✓	Buy Low Foods	450.00	DEC 4-10/11
✓	Buy Low Foods	899.57	
Sept 11	District of Lillooet	37522.13	
May 2	s.22	800.00	Bill to s.22 DEC 1-30/11
May		1200.00	✓ (for 12)
May 10		1240.00	✓ MAR 1/12
Apr 25		1170.00	✓
Mar 2		520.00	✓ JAN 19-31/12
Feb 23		878.37	Bill P.
Feb 6-9		479.22	
Mar 2/12		390.00	Bill to s.22 (Jan 19-31/12)
✓		600.00	✓ (DEC 11-30 2011)
Mar 11		820.00	✓ (Feb)
Apr 25		930.00	✓ (March)

ACCOUNTS - FORMS - EXPENSE FORM

49019.12
 DWD

s.22

BILLETING

\$ 13,030.00

s.22

\$ 9450.00

TOTAL BILLETING EXPENSES
\$ 22480.00

s.22

DIST. OF LILLOOET - \$ 3752.13
\$ 1307.59

WYLOWFERDS - \$ 1709.40

TOTAL \$ 6309.12

TASK EXPENSE FORM

Page two

DESCRIPTION: Flooding

TASK NO: 123735

AREA: Lilbourn District

		ALLOTTED \$	
DATE	PAYEE	TOTAL CLAIM	\$ EXPENDED TO DATE
Apr 25/12	Balance Fwd		4900.12
April	s.22	780.00	BILLING (APRIL) s.22
Sept 11		930.00	(JULY)
Oct 26		900.00	(AUG)
Mar 7/12		570.00	(MAY 2012)
Nov 16		930.00	(SEP)
Jul 26		980.00	(JUNE)
		930.00	(MAY)
		930.00	(OCT 12)
Dec 15		1280.00	NOV 12 BILLING s.22
Feb 7		980.00	BILLING s.22
✓		930.00	BILLING s.22
Feb 7		1240.00	BILLING s.22
Mar 5		420.00	BILLING s.22
✓		560.00	s.22
✓		420.00	JAN 29-Feb 11 2013
✓		560.00	JAN 14-28/13
✓		420.00	JAN 14-28/13
✓		560.00	JAN 1-14/13
✱		560.00	JAN 1-14/13

ACCOUNTS - FORMS - EXPENSE FORM

\$ 63019.12

\$ not paid yet, being processed Mar 1/13.

TASK EXPENSE FORM

DESCRIPTION:

Harboring

TASK NO:

page three
123735

AREA:

Lillooet District

ALLOTTED \$

DATE	PAYEE	TOTAL CLAIM	\$ EXPENDED TO DATE
April 5/13	Boe Ford		63019.12
✓	s.22	420.00	MARCH 25 13 s.22
✓		560.00	FEB 11-25 s.22
✓		420.00	FEB 11-25 s.22
✓		420.00	FEB 25-MARCH 11 s.22
✓		560.00	FEB 25-MARCH 11 s.22
sub TOTAL TO DATE			6399.12
May 3	s.22	280.00	MARCH 25 s.22
✓		210.00	MARCH 25 s.22
✓		1560.00	MARCH 11-MARCH 25 s.22
May 3	SUB-TOTAL TO DATE		67449.12
Oct/Sept 11	DIST of Lillooet	37522.13	
Oct 4	✓ ✓ ✓	164085.42	
✓	✓ ✓ ✓	18611.90	287668.51

ACCOUNTS - FORMS - EXPENSE FORM



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 CASH

1. NAME OF SUPPLIER
s.22

1. TASK #

123735

Referral # 735623

2. ESS File # (if applicable)

T511555

VALID ONLY

From

9. 2013 03 25

10. 2013 03 25

To

11. 2013 03 25

12. 2013 04 01

by
Approved

13. At the request of the Community or District of

District of Kelowna

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)

s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Names: s.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

☐ Restaurant Meals OR ☐ Groceries

persons:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D 05/13/03 by R. L. A
Date (mm/yyyy/dd) Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
15195	12200	7918	163735

Commit #

Supplier

Inq

MAY 07 2013

110289

s.22

REF 735623

18. **LODGING** ☒ YES ☐ NO

☐ Hotel/Motel OR ☒ Billeting OR ☐ Group Lodging

of nights authorized: Seven (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

NOTE: If more than one Referral form total of all Referral forms must not exceed maximum allowable rate.
Refer to attached ESS Rates sheet for maximum allowable rates

19. **CLOTHING** ☐ YES ☐ NO

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments: please provide accommodation for seven nights to a total of \$210.00

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

23. Signature of Family Representative
s.22

24. Interviewer's first name and initial of last name (please print)

Priscilla V

25. Date (YYYY MM DD)

2013 03 25

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

Emergency Management BC

PO Box 9201, STN PROV GOVT

Victoria BC

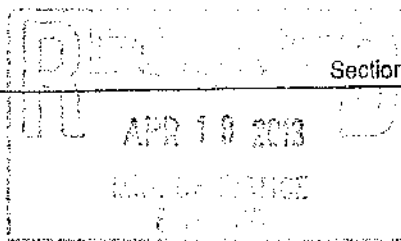
V8W 9J1

PHONE

1-800-585-9559

FAX

(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.

Date: March 25, 2013 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 #) 1

Name of Family Representative: (same name as appears on the ESS Referral form)
s.22

Date of Accommodation provided: From: 2013: 03: 25 To: 2013: 04: 01

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 years of age and over
_____ children 12 years of age and under

Please pay: 7 x \$30 for first adult = 210.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 210.00

Name: (Please print) s.22

Signature: x



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
s.22

1. PEP TASK #

123735

Referral # 585600

2. ESS File # (if applicable)

T511556

VALID ONLY

From	9. 20100	10. 2013 03 11
To	11. 20100	12. 2013 03 25

by
Approved

13. At the request of the Community or District of

District of Kitimat
Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)
s.22

16. Number of Adults or Youths (13 - 18): Two
Names: s.22

Number of Children (12 & under):
Names: None

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 EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: _____ # of children: _____

Total # of meals per person during "Valid Only" period:

of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D 05/13/13 by P. L. J.
Date(mm/yy/dd) Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature (Print Name)

RESP	ACCT	STOB	PROJECT
15106	17200	7918	B3735

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: fourteen (maximum 3) by approved

Refer to attached ESS Rates sheet for maximum allowable rates

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

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. **Comments:** please provide accommodation for fourteen nights up to 4560.00

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 Pamela V.

25. Date: (YYYY MM DD)

2013 03 11

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

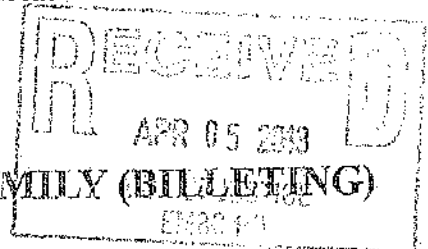
1-800-585-9559

FAX

(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.

Date: March 11, 2013 PEP Task # 123735
(take from the top of the ESS Referral form)

Name of Supplier: (your name) s.22

Mailing Address: (your address) s.22

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, 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: Two adults
 children 13 years of age and over
 children 12 years of age and under

Please pay: Fourteen x \$30 for first adult = 420.00
Fourteen x \$10.00 each additional adult = 140.00
 x \$ 5.00 for each youth 13-18 =
TOTAL 560.00

Name: (Please print) s.22

Signature: s.22



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 CASH

3. NAME OF SUPPLIER
S.22

1. TASK #

123735

Referral # 735622

2. ESS File # (if applicable)

T511556

VALID ONLY

From

9. 20 00

10. 2013 03 25

To

11. 20 00

12. 2013 04 01

by approval

13. At the request of the Community or District of

District of Luicoot

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
S.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): Two
Names S.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

☐ Restaurant Meals OR ☐ Groceries

persons:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D

Date(mm/yy/dd)

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
15786	12200	7918	B3735

Commit #

MAY 07 2013

Supplier

110289

Inv#

REF 735622

S.22

18. LODGING ☒ YES ☐ NO

☐ Hotel/Motel OR ☒ Billiting OR ☐ Group Lodging

of nights authorized: seven (7) (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

NOTE: If more than one Referral form is issued, the total of all Referral forms must not exceed maximum allowable rate.
Refer to attached ESS Rates sheet for maximum allowable rates

19. CLOTHING ☐ YES ☒ NO

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments:

please provide accommodation for seven nights to a total of \$280.00

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

23. Signature of Family Representative
S.22

24. Interviewer's first name and initial of last name (please print)

fermelle v.

25. Date (YYYY MM DD)

2013 03 25

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

Emergency Management BC

PO Box 9201, STN PROV GOVT

Victoria BC

V8W 9J1

PHONE

1-800-585-9559

FAX

(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.

Date: 2013-03-25

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: March 23, 2013 To: Apr. 1, 2013

Daily Allowable Rates:

\$30.00 for first adult\$10.00 each additional adult, and\$5.00 for each youth 13-18

\$ 0.00 for children 12 and under

Accommodation provided for:

Two adults

_____ children 13 years of age and over

_____ children 12 years of age and under

Please pay:

Seven x \$30 for first adult= 210.00Seven x \$10.00 each additional adult= 70.00

_____ x \$ 5.00 for each youth 13-18

= _____

TOTAL

280.00

s.22

Name: (Please print) _____

s.22

Signature: _____



APR 04 2013

REFERRAL

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 CASH

3. NAME OF SUPPLIER
s.22

1. TASK #

Referral # 735621

2. ESS File # (if applicable)

T511555

VALID ONLY

From

9. 20.00

10. 2013 03 11

To

11. 20.00

12. 2013 03 25

by
approved

13. At the request of the Community or District of

District of Lillooet

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Names: _____ s.22

Number of Children (12 & under): _____

Names: NONE

NOTE TO ESS WORKER: Use one form for each different supplier AND Tick "YES" or "NO" for each category below

17. **FOOD** ☐ YES ☒ NO

☐ Restaurant Meals OR ☐ Groceries

persons: _____

Total # of meals per person during "Valid Only" period:

of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D

04/13/11

by [Signature]

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
15 J8	12200	7918	A3735

Commit #

Supplier

Inv#

04-1-2013

110289

s.22

420.00

18. **LODGING** ☒ YES ☐ NO

☐ Hotel/Motel OR ☒ Billeting OR ☐ Group Lodging

of nights authorized: fourteen (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

NOTE: If more than one Referral form is issued for individuals, the total of all Referral forms must not exceed maximum allowable rate. Refer to attached ESS Rates sheet for maximum allowable rates

19. **CLOTHING** ☐ YES ☒ NO

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments:

Please provide accommodation for fourteen nights up to \$420.00

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

23. Signature of Family Representative
s.22

24. Interviewer's first name and initial of last name (please print)

25. Date (YYYY MM DD)

Pamela V

2013.03.11

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

Emergency Management BC

PO Box 9201, STN PROV GOVT

Victoria BC

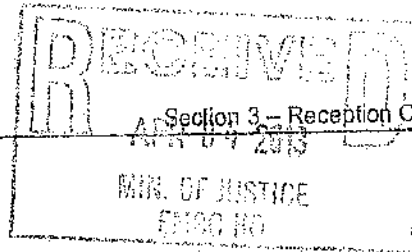
V8W 9J1

PHONE

1-800-585-9559

FAX

(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.

Date: Mar 11, 2013

PEP Task #

123 735

(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: March 11, 2013 To: March 25, 2013

Daily Allowable Rates: \$30.00 for first adult
 \$10.00 each additional adult, and
~~\$10.00~~ \$5.00 for each youth 13-18
 \$ 0.00 for children 12 and under

Accommodation provided for: ONE adults
 _____ children 13 years of age and over
 _____ children 12 years of age and under

Please pay: <u>Fourteen</u>	x \$30 for first adult	= <u>420.00</u>
_____	x \$10.00 each additional adult	= _____
_____	x \$ 5.00 for each youth 13-18	= _____
	TOTAL	<u>420.00</u>

s.22

Name: (Please print)
 s.22 _____

Signature: ✓ _____



**BRITISH
COLUMBIA**

Ministry of
Public Safety and
Solicitor General



REFERRAL
FEB 27 2013
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

1. NAME OF SUPPLIER s.22		1. PEP TASK # 123735		Referral # 585596	
				2. ESS File # (if applicable) TS11556	
VALID ONLY					
From 9. 20.00		10. 2013 02 11		104 Approved	
To 11. 20.00		12. 2013 02 25			
13. At the request of the Community or District of District of Luuaret					
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): <u>Two</u> Names: s.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.

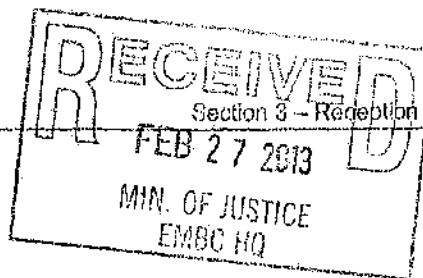
17. FOOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: # of children: Total # of meals per person during "Valid Only" period: # of Breakfasts: # of Lunches: # of Dinners:		18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billiting # of nights authorized: <u>Fourteen</u> (maximum 3) by Approved Refer to attached ESS Rates sheet for maximum allowable rates									
19. CLOTHING <input type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** # of people: Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO Refer to attached ESS Rates sheet for maximum allowable rates		GOODS/SERVICES REC'D 04/13/11 by [Signature] Date (mm/dd/yyyy) Signature CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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. SIGNED ELECTRONICALLY (Print Name) Spending Authority Signature <table border="1"> <tr> <th>RESP</th> <th>ACCT</th> <th>STOB</th> <th>PROJECT</th> </tr> <tr> <td>1598</td> <td>12000</td> <td>7918</td> <td>A3735</td> </tr> </table> Supplier Commit # 110289 Inv # 585596 Date 18 2013 s.22 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.		RESP	ACCT	STOB	PROJECT	1598	12000	7918	A3735
RESP	ACCT	STOB	PROJECT								
1598	12000	7918	A3735								
		22. Comments: please provide accommodation for fourteen (14) days to a total of \$9560.00									

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

23. Signature of Family Representative s.22	24. Interviewer's first name and initial of last name (please print) Pamela U	25. Date (YYYY MM DD) 2013 02 11
--	--	-------------------------------------

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	FAX (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.

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 #) _____

Name of Family Representative: (same name as appears on the ESS Referral form)

s.22

Date of Accommodation provided: From: Feb 11, 2013

To: Feb 25, 2013

by approval

Daily Allowable Rates:

\$30.00 for first adult

\$10.00 each additional adult, and

\$5.00 for each youth 13-18

\$ 0.00 for children 12 and under

Accommodation provided for:

Two adults

_____ children 13 years of age and over

_____ children 12 years of age and under

Please pay:

Fourteen

14

x \$30 for first adult

= 420.00

Fourteen

14

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: _____



BRITISH COLUMBIA

Ministry of
Public Safety and
Solicitor General



PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

REFERRAL

NOTE TO SUPPLIER GST exempt # 10/864738. 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
s.22

4.1

5.

7.1

13. At the request of the Community or District of
District of Lillooet

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

1. PEP TASK #
123735

Referral # 585537
2. ESS File # (if applicable)
TS11555

VALID ONLY

From	9. <u>2013 02 11</u>	10. <u>2013 02 11</u>
To	11. <u>2013 02 25</u>	12. <u>2013 02 25</u>

by approval

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE
Names: s.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 EXEMPT ***
☐ Restaurant Meals OR ☐ Groceries
of adult/youths: # of children:
Total # of meals per person during "Valid Only" period:
of Breakfasts: # of Lunches: # of Dinners:
NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D 04/13/11 by R. A. E.
Date (mm/yyyydd) Signature
CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.
SIGNED ELECTRONICALLY
Spending Authority Signature (Print Name)
RESP ACCT STOB PROJECT
15186 17200 7918 A3735
Commit # Supplier Invoic
110289 REF 585537
APR 13 2013 s.22

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***
☐ Hotel/Motel OR ☒ Billiting by approval
of nights authorized: fourteen (maximum 3)
Refer to attached ESS Rates sheet for maximum allowable rates

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

19. **CLOTHING** ☐ YES ☐ NO *** GST EXEMPT ***
of people: Extreme winter conditions: ☐ YES ☐ NO
Refer to attached ESS Rates sheet for maximum allowable rates

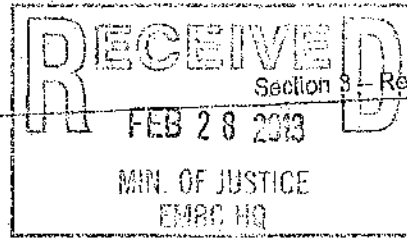
22. Comments: please provide accommodation for fourteen nights to a total of \$420.00

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

23. Signature of Family Representative s.22
24. Interviewer's first name and initial of last name (please print) Pamela V
25. Date (YYYY MM DD) 2013 02 11

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	FAX
1-800-585-9559	(250) 952-5831



Section 8 - Reception Centre Function Aide

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: 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 #) (_____) _____

Name of Family Representative: (same name as appears on the ESS Referral form)
s.22 _____

Date of Accommodation provided: From: Feb 11, 2013

To: Feb 25, 2013
By approved.

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 years of age and over
_____ children 12 years of age and under

Please pay: fourteen 14 x \$30 for first adult = 420.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 420.00

Name: (Please print) _____
s.22

Signature: X _____



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
s.22

1. PEP TASK #

123735

Referral # 585598

2. ESS File # (if applicable)

T511555

VALID ONLY

From	9. 201000	10. 2013-02-25
To	11. 201000	12. 201303-11

by approved

13. At the request of the Community or District of

District of Mueloet

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Names: s.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 EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinner:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rate

GOODS/SERVICES REC'D

04/13/11

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
15180	12200	7918	A3735
Commit #	Supplier	Ref #	
APR 18 2013	110289	REF 585598	

18. LODGING ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: (14) Fourteen (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

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

19. CLOTHING ☐ YES ☒ NO *** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments: please provide accommodation for a total of fourteen nights (14) \$42.00

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

23. Signature of Family Representative
s.22

24. Interviewer's first name and initial of last name (please print)

Pamela

25. Date (YYYY MM DD)

2013 02 25

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

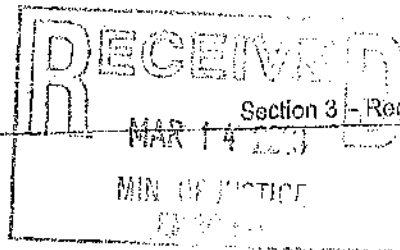
V8W 9J1

PHONE

1-800-585-9559

FAX

(250) 952-5831



Section 3 - Reception Centre Function Aids

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: FEB 25, 2013PEP 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 #) _____

Name of Family Representative: (same name as appears on the ESS Referral form)
s.22Date of Accommodation provided: From: 2013 02 25 To: 2013 03 14
by approval,

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 years of age and over
_____ children 12 years of age and under

Please pay: 14 x \$30 for first adult = 420.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 420.00

s.22

Name: (Please print) _____
s.22Signature: x _____



BRITISH
COLUMBIA

Ministry of
Public Safety and
Solicitor General



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 s.22	1. PEP TASK # 123735	Referral # 585599
		2. ESS File # (if applicable) T511566
VALID ONLY		
From 9. 20.00	10. 2013 02 25	by approval
To 11. 20.00	12. 2013 03 11	

13. At the request of the Community or District of _____

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)
s.22

16. Number of Adults or Youths (13 - 18): Two

Names: s.22

Number of Children (12 & under): None

Names: _____

NOTE TO ESS WORKER: Use one form for each different

17. **FOOD** ☐ YES ☒ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: _____ # of children: _____

Total # of meals per person during "Valid Only" period: _____

of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____

NOTE: Alcohol, tobacco and gratuities are not eligible expense:
Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D 04/13/11 by [Signature]

Date (mm/dd/yyyy) Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

RESP	ACCT	STOB	PROJECT
15986	12200	4918	A 3735

Spending Authority Signature (Print Name)

Commit # 110289 Supplier REP 585599 Inv # REP 585599

DATE 18 2013 s.22

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billposting

of nights authorized: Fourteen (14) (maximum 3) by approval

Refer to attached ESS Rates sheet for maximum allowable rates

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

19. **CLOTHING** ☐ YES ☐ NO *** GST EXEMPT ***

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

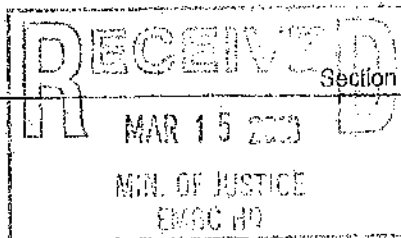
22. Comments: please provide accommodation for fourteen (14) nights to a total of \$560.00

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

23. Signature of Family Representative s.22 <u>[Signature]</u>	24. Interviewer's first name and initial of last name (please print) <u>Pamela V</u>	25. Date (YYYY MM DD) <u>2013 02 25</u>
---	---	--

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
FAX	(250) 952-5831



Section 3 - Reception Centre Function Aids

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: Feb 25, 2013

PEP Task # 123 735

(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: Feb 25, 2013

To: Mar 11, 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

by approval.

Accommodation provided for:

Two adults

_____ children 13 years of age and over

_____ children 12 years of age and under

(Fourteen)

Please pay:

14 x \$30 for first adult

= 420.00

14 x \$10.00 each additional adult

= 140.00

_____ x \$ 5.00 for each youth 13-18

= _____

TOTAL

560.00

Name: (Please print) _____
s.22

Signature: X



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
s.22

1. PEP TASK #

123735

Referral # 585591

2. ESS File # (if applicable)

T511556

VALID ONLY

From	9. 20 00	10. 2013 01 01
To	11. 20 00	12. 2013 01 14

by approval

13. At the request of the Community or District of

District of Lillooet

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): Two

Names: s.22

Number of Children (12 & under):

Names:

None

NOTE TO ESS WORKER: Use one form for each different supplier.

GOODS/SERVICES REC'D 03/13/12 by [Signature]
Date (mm/yy/dd) Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Sponsoring Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
15585	12200	7918	B 3735
Commit #	Supplier	Inv#	
<u>Gilli</u>	<u>116289</u>	<u>REF 585591</u>	

s.22

MAR 13 2013

(520.09)

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.

17. **FOOD** ☐ YES ☒ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: _____ # of children: _____

Total # of meals per person during "Valid Only" period:

of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: Fourteen (14) (maximum 3) by approval.

Refer to attached ESS Rates sheet for maximum allowable rates

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. **Comments:** please provide accommodation for fourteen days up to 1560.00

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

23. Signature of Family Representative
s.22

24. Interviewer's first name and initial of last name (please print)

Pamela V

25. Date (YYYY MM DD)

2013:01:01

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

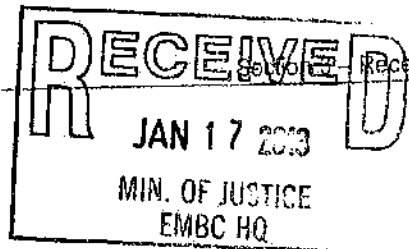
V8W 9J1

PHONE

1-800-585-9559

FAX

(250) 952-5831



Reception Centre Function Aids

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 1 2013 PEP Task # 123 735
(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: 01 JAN 2013 To: 14 JAN 2013

Daily Allowable Rates: \$30.00 for first adult
\$10.00 each additional adult, and
\$0.00 for each youth 13-18
\$ 0.00 for children 12 and under

Accommodation provided for: Two adults
_____ children 13 years of age and over
_____ children 12 years of age and under

Please pay: 14 x \$30 for first adult = 420
14 x \$10.00 each additional adult = 140
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 560

Name: (Please print) s.22

Signature: X s.22



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 s.22 4. 5. 6. 7.	1. PEP TASK # <u>123 735</u>	Referral # 585590 2. ESS File # (if applicable) <u>TS11555</u>
---	---------------------------------	---

VALID ONLY			
From	9. <u>20100</u>	10. <u>2013 01 01</u>	by approved
To	11. <u>20100</u>	12. <u>2013 01 14</u>	

13. At the request of the Community or District of <u>District of Alouette</u> Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):	14. NAME OF FAMILY REPRESENTATIVE (family name, first name) s.22 15. NAME OF PERSON PURCHASING GOODS (if different from family representative) <div style="border: 2px solid black; padding: 5px; display: inline-block; text-align: center;"> RECEIVED JAN 21 2013 </div>
---	--

16. Number of Adults or Youths (13 - 18): <u>ONE</u> Names: _____ s.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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: _____ # of children: _____ Total # of meals per person during "Valid Only" period: _____ # of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____ NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates	GOODS/SERVICES REC'D <u>02/13/28</u> by <u>R. J.</u> Date (mm/yy/dd) Signature CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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. SIGNED ELECTRONICALLY <table border="1" style="width:100%"> <tr> <th>RESP</th> <th>ACCT</th> <th>STOB</th> <th>PROJECT</th> </tr> <tr> <td><u>15786</u></td> <td><u>12200</u></td> <td><u>7918</u></td> <td><u>A3735</u></td> </tr> </table> Commit # <u>MAR 05 2013</u> Supplier <u>110289</u> Inv# <u>REF 585590</u>	RESP	ACCT	STOB	PROJECT	<u>15786</u>	<u>12200</u>	<u>7918</u>	<u>A3735</u>
RESP	ACCT	STOB	PROJECT						
<u>15786</u>	<u>12200</u>	<u>7918</u>	<u>A3735</u>						

18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billiting # of nights authorized: <u>fourteen (14)</u> (maximum 3) by approved Refer to attached ESS Rates sheet for maximum allowable rates	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
--	--

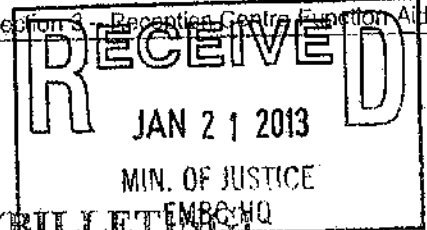
19. CLOTHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** # of people: _____ Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO Refer to attached ESS Rates sheet for maximum allowable rates	22. Comments: <u>please provide accommodation for fourteen days to a total of \$420.00</u>
---	--

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

23. Signature of Family Representative s.22	24. Interviewer's first name and initial of last name (please print) <u>Pamela V</u>	25. Date (YYYY MM DD) <u>2013 01 01</u>
--	---	--

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	FAX
1-800-585-9559	(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.

Date: JAN 1, 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 #) _

Name of Family Representative: (same name as appears on the ESS Referral form)

s.22

Date of Accommodation provided: From: Jan 1 2013To: Jan 14 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:

ONE adults

_____ children 13 years of age and over

_____ children 12 years of age and under

Please pay:

14 x \$30 for first adult

_____ x \$10.00 each additional adult

_____ x \$ 5.00 for each youth 13-18

TOTAL

= \$ 420.00= \$ 420.00Name: (Please print) s.22Signature: X



BRITISH COLUMBIA

Ministry of
Public Safety and
Solicitor General



REFERRAL
JAN 25 2013
MIN. OF JUSTICE
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 s.22 4 5 7	1. PEP TASK # <u>123735</u>	Referral # <u>585593</u>
		2. ESS File # (if applicable) <u>TSJ 200</u>
VALID ONLY		
From	9. <u>20100</u>	10. <u>20130114</u>
To	11. <u>20100</u>	12. <u>20130128</u>
13. At the request of the Community or District of <u>District of Lucoote</u> Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):		
14. NAME OF FAMILY REPRESENTATIVE (family name, first name) s.22		
15. NAME OF PERSON PURCHASING GOODS (if different from family representative) s.22		
16. Number of Adults or Youths (13 - 18): <u>Two</u> Names: s.22		Number of Children (12 & under): Names:

by
approved

NOTE TO ESS WORKER Use one form for each different supplier AND Tick 'YES' or 'NO' for each category below

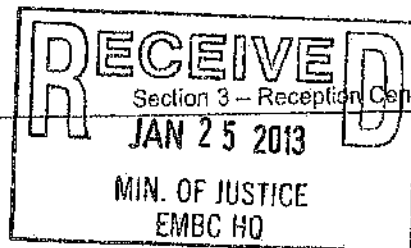
17. FOOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: _____ # of children: _____ Total # of meals per person during "Valid Only" period: # of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____ NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates	GOODS/SERVICES REC'D <u>02/13/28</u> by <u>[Signature]</u> Date (mm/yyyy/dd) Signature CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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. SIGNED ELECTRONICALLY Spending Authority Signature (Print Name) RESP ACCT STOB PROJECT <u>15186</u> <u>12200</u> <u>7918</u> <u>A3735</u> Commit # Supplier Inv # <u>110289</u> <u>REF 585593</u>
18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billiting # of nights authorized: <u>fourteen (14)</u> (maximum 3) Refer to attached ESS Rates sheet for maximum allowable rates	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
19. CLOTHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** # of people: _____ Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO Refer to attached ESS Rates sheet for maximum allowable rates	22. Comments: <u>please provide accommodation for fourteen days up to \$560.00</u>

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

23. Signature of Family Representative s.22	24. Interviewer's first name and initial of last name (please print) <u>Pamela W</u>	25. Date (YYYY MM DD) <u>2013 01 14</u>
--	---	--

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	FAX (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.

Date: JAN 14, 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 #) (_____) _____

Name of Family Representative: (same name as appears on the ESS Referral form)
s.22

Date of Accommodation provided: From: JAN 14, 2013

To: JAN 28, 2013

by approval.

Daily Allowable Rates:

\$30.00 for first adult

\$10.00 each additional adult, and

\$5.00 for each youth 13-18

\$ 0.00 for children 12 and under

Accommodation provided for:

Two adults

_____ children 13 years of age and over

_____ children 12 years of age and under

Please pay:

14 x \$30 for first adult

= 420.00

14 x \$10.00 each additional adult

= 140.00

_____ x \$ 5.00 for each youth 13-18

= _____

TOTAL

560.00

s.22

Name: (Please print) _____

s.22

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. NAME OF SUPPLIER s.22 	1. PEP TASK # 123735	Referral # 585592 2. ESS File # (if applicable) T511555
VALID ONLY		
From 9. 2010 To 10. 2013-01-14 11. 2010 12. 2013-01-28	by approval	
13. At the request of the Community or District of District of Lunenburg Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):		
14. NAME OF FAMILY REPRESENTATIVE (family name, first name) s.22 15. NAME OF PERSON PURCHASING GOODS (if different from family representative)		
16. Number of Adults or Youths (13 - 18): none Names: s.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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: # of children: Total # of meals per person during "Valid Only" period: # of Breakfasts: # of Lunches: # of Dinners: NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates	GOODS/SERVICES REC'D 02/13/28 by R. K. L. Date (mm/dd/yyyy) Signature CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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. SIGNED ELECTRONICALLY Spending Authority Signature (Print Name) <table border="1" style="width:100%"> <tr> <th>RESP</th> <th>ACCT</th> <th>STOB</th> <th>PROJECT</th> </tr> <tr> <td>15386</td> <td>12200</td> <td>7918</td> <td>143735</td> </tr> </table> Commit # Supplier Invs MAR 05 2013 110289 REF 585592	RESP	ACCT	STOB	PROJECT	15386	12200	7918	143735
RESP	ACCT	STOB	PROJECT						
15386	12200	7918	143735						
18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billiting # of nights authorized: Fourteen (14) (maximum 3) by approval Refer to attached ESS Rates sheet for maximum allowable rates	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								
19. CLOTHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** # of people: Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO Refer to attached ESS Rates sheet for maximum allowable rates	22. Comments: please provide accommodation for fourteen (14) days to a total of \$420.00								

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

23. Signature of Family Representative s.22	24. Interviewer's first name and initial of last name (please print) Pamela	25. Date (YYYY-MM-DD) 2013-01-14
---	---	--

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	FAX (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.

Date: Jan 14, 2013PEP Task # 123735

s.22

(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.22Date of Accommodation provided: From: JAN 14, 2013 To: JAN 28, 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: ONE adults
_____ children 13 years of age and over
_____ children 12 years of age and under

Please pay: (fourteen)
14 x \$30 for first adult = 420.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 420.00

Name: (Please print) _____
s.22Signature: x _____



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
s.22

1. PEP TASK #

123735

Referral # 585594

2. ESS File # (if applicable)

1511556

VALID ONLY

From

20100

2013 01 29

To

20100

2013 02 11

by approved

13. At the request of the Community or District of

District of Kelowna

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)
s.22

16. Number of Adults or Youths (13 - 18):

Two

Names: s.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 EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D

02/13/28

Date (mm/yy/dd)

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP

ACCT

STOB

PROJECT

15886

12200

7918

A 3735

18. LODGING ☒ YES ☐ NO

*** GST EXEMPT ***

☐ Hotel/Motel

(14) OR

☒ Billiting

by approved

of nights authorized: Fourteen (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

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

19. CLOTHING ☐ YES ☒ NO

*** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments:

please provide accommodation for fourteen (14) days for a total of \$560.00

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

23 s.22

24. Interviewers first name and initial of last name (please print)

Parrella

25. Date (YYYY MM DD)

2013 01 29

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

FAX

(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.

Date: Jan 28, 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 #)

Name of Family Representative: (same name as appears on the ESS Referral form)

s.22

Date of Accommodation provided: From: JAN 29, 2013 To: FEB 11, 2013

Daily Allowable Rates:

\$30.00 for first adult\$10.00 each additional adult, and\$5.00 for each youth 13-18

\$ 0.00 for children 12 and under

Accommodation provided for:

Two adults

_____ children 13 years of age and over

_____ children 12 years of age and under

Please pay:

14 x \$30 for first adult= 420.0014 x \$10.00 each additional adult= 140.00

_____ x \$ 5.00 for each youth 13-18

= _____

TOTAL

560.00

s.22

Name: (Please print)

s.22

Signature: _____



BRITISH
COLUMBIA

Ministry of
Public Safety and
Solicitor General



FEB 14 2013

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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

NOT REDEEMABLE FOR CASH

3. NAME OF SUPPLIER
s.22

1. PEP TASK #

123735

Referral # 585595

2. ESS File # (if applicable)

VALID ONLY

From

9.

20100

10.

2013 01 29

To

11.

20100

12.

2013 02 11

by approval

13. At the request of the Community or District of

District of Kootenai

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Names: _____
s.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 EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: _____ # of children: _____

Total # of meals per person during "Valid Only" period:

of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

18. LODGING ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: fourteen (14) (maximum 3) by approval

Refer to attached ESS Rates sheet for maximum allowable rates

19. CLOTHING ☐ YES ☐ NO *** GST EXEMPT ***

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

20. TRANSPORTATION ☐ YES ☒ NO *** GST EXEMPT ***

GOODS/SERVICES REC'D 02/13/28 by [Signature] Date (mm/dd/yy) Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature (Print Name)

RESP	ACCT	STOB	PROJECT
15195	12700	7918	A3735
Commit #	Supplier	Inv #	
MAR 5 2013	110289	REV 585595	

total of all Referral forms must not exceed maximum allowable rate.

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments: please provide accommodation for fourteen days to a value of \$420.00

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

23. s.22

24. Interviewers first name and initial of last name (please print)

pamela

25. Date (YYYY MM DD)

2013 01 29

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

FAX

(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.

Date: Jan 29, 2013PEP Task # 123 735
(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.22Date of Accommodation provided: From: Jan 28, 2013 To: Feb 11, 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: ONE adults
_____ children 13 years of age and over
_____ children 12 years of age and under

Please pay: (fourteen)
14 x \$30 for first adult = 420.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 420.00

s.22

Name: (Please print)
s.22Signature: /

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

<p>3. NAME OF SUPPLIER s.22 4. 5. 7.</p>	<p>1. PEP TASK # 123735</p>	<p>Referral # 585580 2. ESS File # (if applicable) T511 556</p>
VALID ONLY		
<p>From 9. 2012 01</p>	<p>10. 2012 12 01</p>	<i>By approval</i>
<p>To 11. 2012 01</p>	<p>12. 2012 12 31</p>	
<p>13. At the request of the Community or District of District of Bulkley Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):</p>		
<p>14. NAME OF FAMILY REPRESENTATIVE (family name, first name) s.22</p>		
<p>15. NAME OF PERSON PURCHASING GOODS (if different from family representative)</p>		
<p>16. Number of Adults or Youths (13 - 18): Two Names: _____ Number of Children (12 & under): NA Names: _____</p>		

NOTE TO ESS WORKER: Use one form for each different supplier.

<p>17. FOOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: _____ # of children: _____ Total # of meals per person during "Valid Only" period: # of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____ NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates</p>	<p>GOODS/SERVICES REC'D 02/13/07 by TR Signature Date(mm/yy/dd) CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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. SIGNED ELECTRONICALLY Spending Authority Signature (Print Name) RESP 1586 ACCT 12200 STOB 7918 PROJECT 123735 Commit # 10289 Supplier 110289 Inv # 585580 s.22</p>
<p>18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billiting <i>by approval</i> # of nights authorized: Twenty one (maximum 3) Refer to attached ESS Rates sheet for maximum allowable rates</p>	<p>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</p>
<p>19. CLOTHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** # of people: _____ Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO Refer to attached ESS Rates sheet for maximum allowable rates</p>	<p>22. Comments: please provide accommodation for Twenty one days up to 91240.00.</p>

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

23. s.22 X	24. Interviewer's first name and initial of last name (please print) Pamela V. / ANNE L.	25. Date (YYYY MM DD) 2012 12 01
----------------------	--	--

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

FAX

(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.

Date: December 1, 2012 PEP Task # 123 735
(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: DEC 1, 2012 To: DEC 31, 2012

Daily Allowable Rates: \$30.00 for first adult
\$10.00 each additional adult, and
\$5.00 for each youth 13-18
\$ 0.00 for children 12 and under

Accommodation provided for: 2 TWO adults
_____ children 13 years of age and over
_____ children 12 years of age and under

Please pay: Thirty one x \$30 for first adult = 930.00
Thirty one x \$10.00 each additional adult = 310.00
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 1240.00

s.22
Name: (Please print) _____

s.22
Signature: [Signature]



BRITISH
COLUMBIA

Ministry of
Public Safety and
Solicitor General



JAN 02

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
S.22

1. PEP TASK #

123735

Referral # 585583

2. ESS File # (if applicable)

T511555

VALID ONLY

From

9. 2010

10. 2012 12 01

To

11. 2010

12. 2012 12 31

by
approved

13. At the request of the Community or District of

District of Kootenai

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
S.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Names: S.22

Number of Children (12 & under):

Names:

NOTE TO ESS WORKER: Use one form for each different supplier

17. FOOD ☐ YES ☒ NO

*** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adults/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D 02/13/07 by

Date(mm/yy/dd)

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
5586	12200	798	B3735

Commit #

Supplier

Inv#

Canlon 110289

110289

REF585583

S.22

18. LODGING ☒ YES ☐ NO

*** GST EXEMPT ***

☐ Hotel/Motel OR

☒ Billiting

of nights authorized: Thirty one (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

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

19. CLOTHING ☐ YES ☐ NO

*** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments:

please provide accommodation for thirty one days for a total of 9930.00 (930.00)

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

23. S.22

24. Interviewer's first name and initial of last name (please print)

EILEEN S/ Pamela V

25. Date (YYYY MM DD)

2012 12 01

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

FAX

(250) 952-5831



Ministry of Public Safety and Emergency Services
OFFICE OF THE PRE COMMISSIONER
RECEIVED

Section 3 - Reception Centre Function Aids

JAN 08 2013

File #

For

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: DEC 1, 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: 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: (1) one adults
_____ children 13 years of age and over
_____ children 12 years of age and under

Please pay:	<u>Thirty</u>	x \$30 for first adult	=	<u>930.00</u>
	<u>and</u>	x \$10.00 each additional adult	=	_____
		x \$ 5.00 for each youth 13-18	=	_____
		TOTAL		<u>930.00</u>

Name: (Please print) ^{s.22}
^{s.22}

Signature: x

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

s.22 13. At the request of the Community or District of <u>District of Lillooet</u> 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): <u>ONE</u> Names: <u>s.22</u>	1. PEP TASK # <u>123735</u> Referral # <u>585582</u> 2. ESS Fdo # (if applicable) <u>7511555</u> VALID ONLY From 9. <u>2010 00</u> To 10. <u>2012 10 31</u> 11. <u>2010 00</u> 12. <u>2012 11 30</u> 14. NAME OF FAMILY REPRESENTATIVE (Family Representative) s.22 15. NAME <u>NO OR FULL</u>
---	--

NOTE TO ESS WORKER: Use one form for each different supply

17. FOOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: _____ # of children: _____ Total # of meals per person during "Valid Only" period: _____ # of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____ NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates	FOODS/SERVICES REC'D <u>02/13/07</u> by <u>[Signature]</u> Date(mm/yy/dd) Signature CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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. SIGNED ELECTRONICALLY Pending Authority Signature (Print Name) <table border="1" style="width:100%"> <tr> <th>RESP</th> <th>ACCT</th> <th>STOB</th> <th>PROJECT</th> </tr> <tr> <td><u>1586</u></td> <td><u>12200</u></td> <td><u>7414</u></td> <td><u>133735</u></td> </tr> </table>	RESP	ACCT	STOB	PROJECT	<u>1586</u>	<u>12200</u>	<u>7414</u>	<u>133735</u>
RESP	ACCT	STOB	PROJECT						
<u>1586</u>	<u>12200</u>	<u>7414</u>	<u>133735</u>						
18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billeting <u>by approval</u> # of nights authorized: <u>THIRTY</u> (maximum 3) Refer to attached ESS Rates sheet for maximum allowable rates	NOTE: If more than one Referral form is received for individuals, the total of all Referral forms must not exceed maximum allowable rate. Refer to attached ESS Rates sheet for maximum allowable rates 22. Comments: <u>please provide accommodation for thirty (30) days for a total of \$900.00</u> <u>900.00</u>								
19. CLOTHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** # of people: _____ Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO 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

23. s.22 24. Interviewers first name and initial of last name (please print) <u>Pamela V</u>	25. Date (YYYY MM DD) <u>2012 10 31</u>
--	--

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	FAX (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.

Date: Oct 31, 2012

PEP Task #

123 735

(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.22Date of Accommodation provided: From: Nov 1 2012To: Nov 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) 1 adults

_____ children 13 years of age and over

_____ children 12 years of age and under

Please pay:

Thirty ⁽³⁰⁾

x \$30 for first adult

= 900.00

x \$10.00 each additional adult

= _____

x \$ 5.00 for each youth 13-18

= _____

TOTAL

900.00

Name: (Please) s.22

Signature: X



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

<p>3. NAME OF SUPPLIER s.22</p>	<p>1. PEP TASK # <u>123735</u></p>	<p>Referral # <u>585581</u></p> <p>2. ESS File # (if applicable) <u>T511 556</u></p>
VALID ONLY		
<p>From</p>	<p>9. <u>20100</u></p>	<p>10. <u>2012 11 01</u></p>
<p>To</p>	<p>11. <u>20100</u></p>	<p>12. <u>2012 11 30</u></p>
<p>13. At the request of the Community or District of <u>District of Lillooet</u></p> <p>Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):</p>		
<p>14. s.22</p>		
<p>15. NAME OF PERSON PURCHASING GOODS (if different from family representative)</p>		
<p>16. Number of Adults or Youths (13 - 18): <u>TWO</u> Names: s.22</p> <p>Number of Children (12 & under): Names: <u>NTA</u></p>		

by
approval

NOTE TO ESS WORKER: Use one form for each different supplier AND Tick 'YES' or 'NO' for each category below

<p>17. FOOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT ***</p> <p><input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries</p> <p># of adult/youths: _____ # of children: _____</p> <p>Total # of meals per person during "Valid Only" period: _____</p> <p># of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____</p> <p>NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates</p>	<p>20. TRANSPORTATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT ***</p> <p>GOODS/SERVICES REC'D <u>12/12/14</u> by <u>R-T-L</u> Date (mm/yy/dd) Signature</p> <p>CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.</p> <p>SIGNED ELECTRONICALLY</p> <table border="1" style="width:100%"> <tr> <th>RESP</th> <th>ACCT</th> <th>STOB</th> <th>PROJECT</th> </tr> <tr> <td><u>15986</u></td> <td><u>12700</u></td> <td><u>7918</u></td> <td><u>B2735</u></td> </tr> <tr> <td>Commit #</td> <td>Supplier</td> <td colspan="2">Inv#</td> </tr> <tr> <td></td> <td><u>110289</u></td> <td colspan="2"><u>B0258658</u></td> </tr> </table> <p>total of all Referral forms must not exceed maximum allowable rates Refer to attached ESS Rates sheet for maximum allowable rates</p>	RESP	ACCT	STOB	PROJECT	<u>15986</u>	<u>12700</u>	<u>7918</u>	<u>B2735</u>	Commit #	Supplier	Inv#			<u>110289</u>	<u>B0258658</u>	
RESP	ACCT	STOB	PROJECT														
<u>15986</u>	<u>12700</u>	<u>7918</u>	<u>B2735</u>														
Commit #	Supplier	Inv#															
	<u>110289</u>	<u>B0258658</u>															
<p>18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT ***</p> <p><input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billing <u>by approval</u></p> <p># of nights authorized: <u>Twenty (20)</u> (maximum 3)</p> <p>Refer to attached ESS Rates sheet for maximum allowable rates</p>	<p>22. Comments: <u>please provide accommodation for Twenty Days</u></p>																
<p>19. CLOTHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT ***</p> <p># of people: _____ Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Refer to attached ESS Rates sheet for maximum allowable rates</p>																	

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

<p>24. Interviewer's first name and initial of last name (please print) <u>Pamela L</u></p>	<p>25. Date (YYYY MM DD) <u>2012 11 01</u></p>
---	--

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	FAX (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.

Date: Nov 1, 2012 PEP Task # 123 735
(take from the top of the ESS Referral form)

s.22
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)

Date of Accommodation provided: From: Nov 1, 2012 To: Nov 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: (2) Two adults
_____ children 13 years of age and over
_____ children 12 years of age and under

Please pay:	<u>30</u>	x \$30 for first adult	=	<u>900</u>
	<u>30</u>	x \$10.00 each additional adult	=	<u>300</u>
		x \$ 5.00 for each youth 13-18	=	
		TOTAL		<u>1200.00</u>

s.22
Name: (Please print) _____

s.22
Signature: _____



COLUMBIA

Ministry of
Public Safety and
Solicitor General



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

NOT REDEEMABLE FOR CASH

Referral # **585579**

s.22

1. PEP TASK #
123735

2. ESS File # (if applicable)
T511555

VALID ONLY

From 9. **2012-10-01** 10. **2012-10-01**
To 11. **2012-10-31** 12. **2012-10-31**

14. NAME OF COMMUNITY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from community rep.)

13. At the request of the Community or District of

District of Lillooet

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): **ONE**

Names: s.22

Number of Children (12 & under):

Names:

NOTE TO ESS WORKER: Use one form for each different supplier.

GOODS/SERVICES REC'D by **[Signature]** Date (mm/yy/dd)

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
15580	12200	3075	B3735
Commit \$	Supplier	Inv#	s.22
[Signature]	110289	REF 585579	

17. **FOOD** ☐ YES ☒ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: **Thirty one** (maximum 3) **by approval**

Refer to attached ESS Rates sheet for maximum allowable rates

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

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

22. Comments: **please provide accommodation for thirty one stays for a total of \$930.00**

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)

Pantela

25. Date (YYYY MM DD)

2012-09-30

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

FAX

(250) 952-5831

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



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: Sept 30, 2012PEP 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 #) _____

Name of Family Representative: (same name as appears on the ESS Referral form)
s.22 _____Date of Accommodation provided: From: October 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

Accommodation provided for: ONE adults
_____ children 13 years of age and over
_____ children 12 years of age and under

Please pay: THIRTY ONE x \$30 for first adult = 930.00
_____ x \$10.00 each additional adult = ✓
_____ x \$ 5.00 for each youth 13-18 = ✓
TOTAL 930.00

Name: (Please print) _____
s.22Signature: L. _____



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
s.22

1. PEP TASK #

123735

Referral # 585573

2. ESS File # (if applicable)

T511555

VALID ONLY

From

9. 20100

10. 20120501

To

11. 20100

12. 20120531

inclusive
by
Approval

13. At the request of the Community or District of

District of Kelowna

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (if applicable) s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Names: s.22

Number of Children (12 & under):

Names:

NONE

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 EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES RECEIVED

Date (mm/yyyy)

by

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP

ACCT

STOB

PROJECT

15495

12200

3075

193735

18. LODGING ☒ YES ☐ NO

*** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: Twenty one (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

Commit # 586

Supplier 110289

Ref 585573

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

19. CLOTHING ☐ YES ☒ NO

*** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

Comments:

Please supply accommodation for twenty one nights to value of \$930.00

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

2. s.22

24. Interviewer's first name and initial of last name (please print)

Samda

25. Date (YYYY MM DD)

2012 04 30

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

FAX

(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.

Date: APR 30, 2012 PEP Task # 123 735
(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: MAY 1, 2012 To: MAY 31, 2012
Inclusive Inclusive

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 years of age and over
 _____ children 12 years of age and under

Please pay: THIRTY ONE 31 x \$30 for first adult = 930.00
 _____ x \$10.00 each additional adult = _____
 _____ x \$ 5.00 for each youth 13-18 = _____
 TOTAL 930.00

s.22

Name: *(Please print)* _____Signature: X _____



BRITISH
COLUMBIA

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 s.22	1. PEP TASK # <u>123735</u>
Referral # <u>585575</u> 2. ESS File # (if applicable) <u>T511555</u>	
VALID ONLY	
From To	9. <u>20:00</u> 11. <u>20:00</u> 10. <u>2012 06 01</u> 12. <u>2012 06 30</u>
13. At the request of the Community or District of <u>District of Kelowna</u> Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):	
14. NAME OF FAMILY REPRESENTATIVE (family name - first name) s.22	
15. NAME OF PERSON PURCHASING GOODS (if different from family representative)	
16. Number of Adults or Youths (13 - 18): <u>ONE</u> Names: s.22	
Number of Children (12 & under): Names: <u>NONE</u>	

NOTE TO ESS WORKER: Use one form for each different supplier AND Tick 'YES' or 'NO' for each category below.

17. FOOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: _____ # of children: _____ Total # of meals per person during "Valid Only" period: _____ # of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____ NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates	GOODS/SERVICES REC'D by _____ Date (mm/yy/dd) _____ Signature _____ CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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. SIGNED ELECTRONICALLY Spending Authority Signature _____ (Print Name) _____ <table border="1" style="width:100%"> <tr> <th>RESP</th> <th>ACCT</th> <th>STOB</th> <th>PROJECT</th> </tr> <tr> <td><u>15495</u></td> <td><u>12200</u></td> <td><u>3026</u></td> <td><u>A3235</u></td> </tr> </table> Commit # <u>786</u> Supplier <u>110289</u> Inv# <u>Ref 585575</u>	RESP	ACCT	STOB	PROJECT	<u>15495</u>	<u>12200</u>	<u>3026</u>	<u>A3235</u>
RESP	ACCT	STOB	PROJECT						
<u>15495</u>	<u>12200</u>	<u>3026</u>	<u>A3235</u>						
18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billiting by _____ # of nights authorized: <u>Thirty (30)</u> (maximum 3) <u>Approved</u> Refer to attached ESS Rates sheet for maximum allowable rates	22. Comments: <u>Please provide accommodation for thirty days to a value of \$900.00</u>								
19. CLOTHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** # of people: _____ Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO 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)

25. Date (YYYY MM DD)

Pamela V.

2012.05.31.

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

FAX

(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.

Date: May 31, 2012 PEP Task # 123 735
(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: 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 years of age and over
_____ children 12 years of age and under

Please pay: Trust 30 x \$30 for first adult = 900.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL _____

s.22

Name: (Please print) _____

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. NAME OF SUPPLIER s.22	1. PEP TASK # 123735	Referral # 585578
		2. ESS File # (if applicable) T511555

VALID ONLY

13. At the request of the Community or District of <u>District of Lunenburg</u> Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):	<table border="1" style="width:100%"> <tr> <td style="width:50%"> 9. From 2012 00 </td> <td style="width:50%"> 10. To 2012 08 30 </td> </tr> <tr> <td> 11. To 2012 00 </td> <td> 12. To 2012 09 30 </td> </tr> </table>	9. From 2012 00	10. To 2012 08 30	11. To 2012 00	12. To 2012 09 30
9. From 2012 00	10. To 2012 08 30				
11. To 2012 00	12. To 2012 09 30				
	14. NAME OF FAMILY REPRESENTATIVE (if applicable) s.22				
	15. NAME OF PERSON AUTHORIZING GOODS PROVIDED FROM FAMILY REPRESENTATIVE <u>N/A</u>				

16. Number of Adults or Youths (13 - 18): <u>ONE</u> Names: s.22	Number of Children (12 & under): Names: <u>NONE</u>
---	--

NOTE TO ESS WORKER: Use one form for each different supplier. **FILE AT 135**

17. FOOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: _____ # of Children: _____ Total # of meals per person during "Valid Only" period: # of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____ NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates	GOODS/SERVICES REC'D _____ by _____ Date(mm/yy/dd) _____ Signature _____ CERTIFIED THAT THE AMOUNT TO BE PAID is correct. Is in accordance with appropriate statute 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. SIGNED ELECTRONICALLY Spending Authority Signature _____ (Print Name) <table border="1" style="width:100%"> <tr> <td>RESP</td> <td>ACCT</td> <td>STOB</td> <td>PROJECT</td> </tr> <tr> <td>5500</td> <td>12200</td> <td>3075</td> <td>\$ 3735</td> </tr> </table> Commit # _____ Supplier <u>110289</u> by <u>REF 585578</u> NOV 10 2012 s.22	RESP	ACCT	STOB	PROJECT	5500	12200	3075	\$ 3735
RESP	ACCT	STOB	PROJECT						
5500	12200	3075	\$ 3735						

18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billiting # of nights authorized: <u>31</u> (maximum 3) <u>by authorization</u> Refer to attached ESS Rates sheet for maximum allowable rates	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
--	--

19. CLOTHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** # of people: _____ Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO Refer to attached ESS Rates sheet for maximum allowable rates	22. Comments: <u>Please provide accommodation for thirty one days (Aug 31 - Sept 30) for a total of \$930.00</u>
---	--

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>Pamela U</u>	25. Date (YYYY MM DD) <u>2012 08 31</u>
--	--

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

Emergency Social Services Office, Provincial Emergency Program Victoria BC	PO Box 9201, STN PROV GOVT V8W 9J1 PHONE 1-800-585-9559 FAX (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.

Date: Aug 30, 2012

PEP Task #

123 735

(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.22Date of Accommodation provided: From: Aug 31, 2012 To: Sept 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 years of age and over

_____ children 12 years of age and under

by approval.

Please pay:	<u>31</u>	x \$30 for first adult	=	<u>930.00</u>
	_____	x \$10.00 each additional adult	=	_____
	_____	x \$ 5.00 for each youth 13-18	=	_____
		TOTAL		<u>930.00</u>

s.22

Name: (Please print) _____

Signature: X _____



BRITISH

Ministry of



RECEIVED

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

NOT REDEEMABLE FOR CASH

3. s.22	1. PEP TASK # 123735	Referral # 585508
4. f		2. ESS File # (if applicable) T 511555
5. i	VALID ONLY	
7.1	From 9. 2020	10. 2011 12 31
(To 11. 2020	12. 2012 01 18
13. At the request of the Community or District of LILLOOET		
Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):		
14. NAME OF FAMILY REPRESENTATIVE (if applicable) s.22		
15. NAME OF PERSON PURCHASING GOODS (if different from family representative)		
16. Number of Adults or Youths (13 - 18) ONE Names: s.22		
Number of Children (12 & under): Names:		

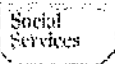
by approval

NOTE TO ESS WORKER: Use one form for each different supplier AND Tick "YES" or "NO" for each category below

17. FOOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: # of children: Total # of meals per person during "Valid Only" period: # of Breakfasts: # of Lunches: # of Dinners: NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates	20. TRANSPORTATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** Specify Mode of Travel: From (address): To (destination):
18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billiting by approval # of nights authorized: (maximum 3)	21. INCIDENTALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** # of people: Specify approved items:
GOODS/SERVICES REC'D 3/12/11 by R. L. E. Date (mm/yy/dd) Signature CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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. SIGNED ELECTRONICALLY Spending Authority Signature (Print Name)	22. Comments: Please provide an additional 19 nights accommodation for a total of \$570. to coincide JAN. 18, 2012
RESP 16786 ACCT 12200 STOB 7918 PROJECT A3735 Commit # 10000 Supplier 111289 Level DEF 585508 s.22 X	ity of the Emergency Program Act and is necessary for administrative agencies only to enable the provision of emergency services. Disclosure of 1 and Protection of Privacy Act. Questions regarding the collection, use or Social Services Office, Provincial Emergency Program, s.22 Date of last review (please print) 23. Date (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	FAX (250) 952-5831



JAN 7 3 2012

BILLETING INVOICE

PROVINCIAL PUBLIC SAFETY
SOLICITOR GENERAL
PEP PD

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
(Take from the top of the ESS Referral Form)

s.22

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 Dec. 31, 2011
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 \$570.00
_____ x \$10.00 each additional adult/youth = _____
_____ x \$ 5.00 for each child = _____

TOTAL 570.00

s.22

Name: *(Please print)*

Signature: X



BRITISH
COLUMBIA

Ministry of
Public Safety and
Solicitor General



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

Referral # 585577

s.22

1. PEP TASK #
123735

2. ESS File # (if applicable)
T511555

VALID ONLY

From

9. 2012 00

10. 2012 07 31

To

11. 2012 00

12. 2012 08 30

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON...

13. At the request of the Community or District of

District of Lillooet

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): ONE

Names: s.22

Number of Children (12 & under):

BACK-UP ON CALL AT DESK

NOTE TO ESS WORKER: Use one form for each different...

GOODS/SERVICES REC'D 12/12/25 by TR +

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
15586	12200	30785	3735

Supplier Summit # 110289 Ref 585577 s.22

NOTE: Alcohol, tobacco and gratuities are not eligible expense. Refer to attached ESS Rates sheet for maximum allowable rates

18. LODGING ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billposting

of nights authorized: Thirty (maximum 3) by approval

Refer to attached ESS Rates sheet for maximum allowable rates

19. CLOTHING ☐ YES ☒ NO *** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

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

22. Comments: please provide accommodation for thirty days - total of \$900.00

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

23. s.22

24. Interviewers first name and initial of last name (please print)

Pamela U

25. Date (YYYY MM DD)

2012-07-31

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

FAX

(250) 952-5831

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



SEP 10 2012

MINISTRY OF PUBLIC SAFETY
DIRECTOR GENERAL
OTTAWA, ONTARIO

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: July 31, 2012PEP Task # 123 735

(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.22Date of Accommodation provided: From: Aug 1, 2012 To: Aug 30, 2012

Daily Allowable Rates: \$30.00 for first adult
\$10.00 each additional adult, and
~~\$10.00~~ \$5.00 for each youth 13-18
\$ 0.00 for children 12 and under

Accommodation provided for: one adults
_____ children 13 years of age and over
_____ children 12 years of age and under

Please pay: 30 x \$30 for first adult = 900.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 900.00

s.22

Name: (Please print)
s.22

Signature: _____



BRITISH COLUMBIA

Ministry of
Public Safety and
Solicitor General



AUG 03 2012

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

1. PEP TASK # 123735	Referral # 585576
2. ESS File # (if applicable) T511555	
VALID ONLY From 20.00 To 20.00 9. 2012 06 30 10. 2012 06 30 11. 2012 06 31 12. 2012 06 31	
13. At the request of the Community or District of District of Lillooet 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): ONE Names: s.22	Number of Children (12 & under): Names: NONE
---	--

NOTE TO ESS WORKER: Use one form for each different service

17. FOOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Restaurant Meals OR <input type="checkbox"/> Groceries # of adult/youths: _____ # of children: _____ Total # of meals per person during "Valid Only" period: # of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____ NOTE: Alcohol, tobacco and gratuities are not eligible expenses Refer to attached ESS Rates sheet for maximum allowable rates	GOODS/SERVICES REC'D _____ by _____ Date(mm/yy/dd) _____ Signature _____ CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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. SIGNED ELECTRONICALLY Spending Authority Signature _____ (Print Name) _____ <table border="1"> <tr> <th>RESP</th> <th>ACCT</th> <th>STOB</th> <th>PROJECT</th> </tr> <tr> <td>1586</td> <td>12200</td> <td>3075</td> <td>3735</td> </tr> </table> Commit # _____ Supplier 110784 REF 585576 SEP 11 2012	RESP	ACCT	STOB	PROJECT	1586	12200	3075	3735
RESP	ACCT	STOB	PROJECT						
1586	12200	3075	3735						

18. LODGING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *** GST EXEMPT *** <input type="checkbox"/> Hotel/Motel OR <input checked="" type="checkbox"/> Billeting # of nights authorized: Thirty one (maximum 3) <i>by approval</i> Refer to attached ESS Rates sheet for maximum allowable rates	22. Comments: <i>please provide accommodation for Thirty one (31) days - total of \$930.00 by approval.</i>
19. CLOTHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO *** GST EXEMPT *** # of people: _____ Extreme winter conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO 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

23. s.22	24. Interviewers first name and initial of last name (please print) Stamela U	25. Date (YYYY MM DD) 2012 06 30
----------	---	--

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
FAX	(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.

Date: June 30, 2012 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 #) _____

Name of Family Representative: (same name as appears on the ESS Referral form)
s.22

Date of Accommodation provided: From: July 1st 2012 To: July 31, 2012
INCLUSIVE

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 years of age and over
_____ children 12 years of age and under

Please pay: THIRTY ONE 31 x \$30 for first adult = 930.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL \$930.00

Name: (Please print)
s.22

Signature: x



BRITISH
COLUMBIA

Ministry of
Public Safety and
Solicitor General



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
s.22

1. PEP TASK #

123735

Referral # 585572

2. ESS File # (if applicable)

T511555

VALID ONLY

From

9. 20.00

10. 2012 04 01

To

11. 20.00

12. 2012 04 30

by
approval

13. At the request of the Community or District of

District of Kelowna

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)

s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Names: s.22

Number of Children (12 & under):

Names:

NONE

NOTE TO ESS WORKER: Use one form for each different supplier

GOODS/SERVICES REC'D

Date(mm/yy/dd)

by

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

17. FOOD ☐ YES ☒ NO

*** GST EXEMPT ***

☐ Restaurant Meals

OR

☐ Groceries

of adult/youths:

of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts:

of Lunches:

of Dinners:

NOTE: Alcohol, tobacco and gratuities are non-eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

RESP

ACCT

STOB

PROJECT

5586

12200

3075

A3735

Commit #

Supplier

Inv #

6666

110289

REF585572

700.00

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

22.

Comments:

Please provide accommodation for thirty days (Apr 1 - Apr 30, 2012 inclusive) for total of \$ 900.00

18. LODGING ☒ YES ☐ NO

*** GST EXEMPT ***

☐ Hotel/Motel

OR

☒ Billiting

of nights authorized: THIRTY DAYS (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

19. CLOTHING ☐ YES ☒ NO

*** GST EXEMPT ***

of people:

Extreme winter conditions:

☐ YES

☐ NO

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

23. s.22

24. Interviewers first name and initial of last name (please print)

Pamela V

25. Date (YYYY MM DD)

2012 03 31

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 Page 72 of 104

FAX



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)

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: APR 1, 2012 To: APR 30, 2012
inclusive.

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 years of age and over
_____ children 12 years of age and under

Please pay: THIRTY x \$30 for first adult = 900.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 900.00

s.22
Name: (Please print) _____

Signature: X _____



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
S.22

4. A

5. A

7. A

13. At the request of the Community or District of

Lillooet

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): ONE
Names: S.22

Number of Children (12 & under):

Names: NONE

1. PEP TASK #

123735

Referral # 585569

2. ESS File # (if applicable)

T511555

VALID ONLY

From

9. 20:00

10. 2012 03 01

To

11. 20:00

12. 2012 03 31

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
S.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

NOTE TO ESS WORKER: Use one form for each different supplier.

GOODS/SERVICES REC'D _____ by _____
Date(mm/yy/dd) Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
<u>15586</u>	<u>12200</u>	<u>3075</u>	<u>A3735</u>
Commit #	Supplier	Invt	
<u>Gillies</u>	<u>110289</u>	<u>AEF585569</u>	

S.22

APR 25 2012

(930.00)

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.

22. Comments: please provide

accommodation for 31 nights
(Mar 1 - Mar 31 inclusive) for
a total of \$930.00

17. **FOOD** ☐ YES ☒ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: _____ # of children: _____

Total # of meals per person during "Valid Only" period:

of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____

NOTE: Alcohol, tobacco and gratuities are not eligible expenses. Refer to attached ESS Rates sheet for maximum allowable rates.

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: Thirty one (maximum 3) by approval

Refer to attached ESS Rates sheet for maximum allowable rates

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

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.

23. S.22

24. Interviewers first name and initial of last name (please print)

Pamela V

25. Date (YYYY MM DD)

2012-02-29

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

FAX

(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.

Date: FEBRUARY 29, 2012 PEP Task # 123 735
(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: MAR 1, 2012 To: MAR 31, 2012
INCLUSIVE *INCLUSIVE*

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 years of age and over
_____ children 12 years of age and under

Please pay: 31 x \$30 for first adult = 930.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL 930.00

Name: *(Please print)* ^{s.22}
^{s.22}

Signature: X

BY APPROVAL



BRITISH
COLUMBIA

Ministry of
Public Safety and
Solicitor General



RECEIVED

MAR 02 2012

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
s.22

1. PEP TASK #
123 735

Referral # 585565

2. ESS File # (if applicable)

TS1555

VALID ONLY

From 9. 20.00 10. 2012 02 01
To 11. 20.00 12. 2012 02 29
with approval inc.

13. At the request of the Community or District of
Lillooet
Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PROVIDING GOODS (different from family representative)

16. Number of Adults or Youths (13 - 18): NONE
s.22
Names:

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 EXEMPT ***
☐ Restaurant Meals OR ☐ Groceries
of adult/youths: # of children:
Total # of meals per person during "Valid Only" period:
of Breakfasts: # of Lunches: # of Dinners:
NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates.

GOODS/SERVICES REC'D by D. Smith
Date(mm/yy/dd) Signature
CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status by 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.

SIGNED ELECTRONICALLY

Spending Authority Signature (Print Name)

RESP	ACCT	STOB	PROJECT
15886	12200	7918	A3735

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***
☐ Hotel/Motel OR ☒ Billiting
of nights authorized: (maximum 3)
Refer to attached ESS Rates sheet for maximum allowable rates

Commit # Supplier
MAR 1 2012 110289 REF 585565

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

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***
of people: Extreme winter conditions: ☐ YES ☐ NO
Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments: Please provide an additional twenty nine days accommodation for s.22
for a total of \$870.00

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

23. Signature of Family Representative s.22
24. Interviewer's first name and initial of last name (please print) Anna L
25. Date (YYYY MM DD) 2012 01 31

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 FAX (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.

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
inclusive

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 years of age and over
_____ children 12 years of age and under

Please pay: twenty x \$30 for first adult = 870.00
nine x \$10.00 each additional adult = /
_____ x \$ 5.00 for each youth 13-18 = /
TOTAL \$ 870.00

with
approval

Name: (Please print) ^{s.22}

Signature: X



BRITISH COLUMBIA

Ministry of
Public Safety and
Solicitor General



RECEIVED

JAN - 6 2012

REFERRAL

PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

With the original (white) copy of this Referral form, submit to Emergency Management BC for 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
s.22

1. TASK #
123735

Referral # 735620
2. ESS File # (if applicable)
T511555

VALID ONLY

From 9. 2030 10. 2011 12 11
To 11. 2030 12. 2011 12 30

13. At the request of the Community or District of
LILLET
Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22
15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE
Names: s.22

Number of Children (12 & under):
Names:

NOTE TO ESS WORKER: Use one form for each different supply

17. FOOD ☐ YES ☒ NO
☐ Restaurant Meals OR ☐ Groceries
persons: _____
Total # of meals per person during "Valid Only" period:
of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____
NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D 3/12/11 by R. J. J.
Date (mm/yy/dd) Signature
CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.
SIGNED ELECTRONICALLY
Spending Authority Signature (Print Name)
RESP ACCT STOB PROJECT
15186 12200 7918 A3735

18. LODGING ☒ YES ☐ NO
☐ Hotel/Motel OR ☒ Billiting OR ☐ Group Lodging
of nights authorized: 20 nights (maximum 3) by approval
Refer to attached ESS Rates sheet for maximum allowable rates

Commit # 2 2012 Supplier 110289 Inv# Ref 735620
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

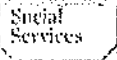
19. CLOTHING ☐ YES ☒ NO
of people: _____ Extreme winter conditions: ☐ YES ☐ NO
Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments: please provide accommodation for 20 nights

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

23. Signature of Family Representative s.22
24. Interviewer's first name and initial of last name (please print) EUGEN S
25. Date (YYYY-MM-DD) 2011 12 11

NOTE TO SUPPLIER - Send original (white copy) of Referral form and itemized invoices to:
Emergency Management BC PO Box 9201, STN PROV GOVT
Victoria BC V8W 9J1 PHONE 1-800-585-9559 FAX (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: Jan 1 2012

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 #)*

Name of Family Representative: *(same name as appears on the ESS Referral Form)*

s.22

Date of Accommodation provided: From

December 11 2011

To:

December 30 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:

1 adults

 youths 13 - 18 years

 children 12 years of age and under

Please pay:

20

x \$30 for first adult

\$

= 600.00

 x \$10.00 each additional adult/youth

=

 x \$ 5.00 for each child

=

TOTAL

\$

600.00

s.22

Name: *(Please print)*

Signature: _____

Revised April 2007

RECEIVED

JAN - 6 2012

MIN. OF PUBLIC SAFETY
& SOLICITOR GENERAL
REP HQ



BRITISH

Ministry of



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

NOT REDEEMABLE FOR CASH

3. NAME OF SUPPLIER
S.22

4.

5.

7.

13. At the request of the Community or District of
LILLOOET

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

1. PEP TASK #
123735

Referral # 585566

2. ESS File # (if applicable)
T511555

VALID ONLY

From	9. <u>20.00</u>	10. <u>2012 01 19</u>
To	11. <u>20.00</u>	12. <u>2012 01 31</u>

by approval

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
S.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Name's: S.22

Number of Children (12 & under):

Names:

NOTE TO ESS WORKER: Use one form for each different supplier.

17. **FOOD** ☐ YES ☒ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: _____ # of children: _____

Total # of meals per person during "Valid Only" period: _____

of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____

NOTE: Alcohol, tobacco and gratuities are not eligible expenses.
Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES RECEIVED 3/12/1 by JRHL

Date (mm/yy/dd) Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature (Print Name)

RESP	ACCT	STOB	PROJECT
<u>15986</u>	<u>17200</u>	<u>7918</u>	<u>A3735</u>

Commit # 110289 Supplier 110289 Inv# PEP 585566

2012 01 18

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: _____ (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

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

22. Comments: Please provide an additional 13 nights accommodation for a total of \$390.00 inc. JAN.31

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

23. S.22 X 24. Interviewers first name and initial of last name (please print) Anna L 25. Date (YYYY MM DD) 2012 01 18

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	FAX
1-800-585-9559	(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.

Date: Jan. 18, 2012

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 #)

Name of Family Representative: (same name as appears on the ESS Referral form)
s.22

Date of Accommodation provided: From: Jan. 19, 2012 To: Jan. 31, 2012
inclusive

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 years of age and over
_____ children 12 years of age and under

Please pay: Thirteen x \$30.00 for first adult = 390.00
_____ x \$10.00 each additional adult = _____
_____ x \$ 5.00 for each youth 13-18 = _____
TOTAL \$390.00

s.22

Name: (Please print)
s.22

X Signature _____



BRITISH COLUMBIA

Ministry of



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

NOT REDEEMABLE FOR CASH

s.22

PEP TASK #

123735

Referral # 585567

2. ESS File # (if applicable)

T511556

VALID ONLY

9.	20.20	10.	2012 01 19
11.	20.20	12.	2012 01 31

by approval

13. At the request of the Community or District of

LILLOOET

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (s.22)

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18):

TWO

Names:

Number of Children (12 & under):

Names:

NOTE TO ESS WORKER: Use one form for each different supplier17. **FOOD** ☐ YES ☒ NO *** GST EXEMPT ***☐ Restaurant Meals OR ☐ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D

3/12/11

Date (mm/yy/dd)

by

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Pending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
1586	12260	7918	A 3735

Commit #

Supplier

Inv#

MAR 12 2012

110289

REF 585567

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***☐ Hotel/Motel OR ☒ Billfolding

of nights authorized: (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

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

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***# of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments: Please provide accommodation for s.22
for an additional 13 nights. \$520.00

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

23. s.22

24. Interviewers first name and initial of last name (please print)

Anna L

25. Date (YYYY MM DD)

2012 01 18

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

FAX

(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.

Date: Jan 18, 2012

PEP Task #

123735

s.22

(Attach 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: Jan 19, 2012 To: JAN 31 2012
inclusive

Daily Allowable Rates:

\$30.00 for first adult

\$10.00 each additional adult, and

\$5.00 for each youth 13-18

\$ 0.00 for children 12 and under

Accommodation provided for:

two adults

children 13 years of age and over

children 12 years of age and under

s.22

Please pay: Thirteen x \$30.00 for first adult

= 390.00

13 x \$10.00 each additional adult

= 130.00

13 x \$5.00 for each youth 13-18

= 65.00

TOTAL

\$ 520.00

s.22

Name: (Please print)

s.22

X Signature



**BRITISH
COLUMBIA**

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

s.22

1. PEP TASK #
123135

Referral # 585509
2. ESS File # (if applicable)
T 511556

VALID ONLY

From	9.	10.
To	11.	12.

13. At the request of the Community or District of
Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): s.22
Names: s.22

Number of Children (12 & under):
Names: by Signature

NOTE TO ESS WORKER: Use one form for each different supplier

17. **FOOD** ☐ YES ☒ NO *** GST EXEMPT ***
☐ Restaurant Meals OR ☐ Groceries
of adult/youths: # of children:
Total # of meals per person during "Valid Only" period:
of Breakfasts: # of Lunches: # of Dinners:

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY
(Print Name)

Spending Authority Signature		PROJECT	
RESP	ACCT	STOB	
15786	12200	3075	A 3735
Commit #	Supplier	Inv#	
Order	110289	266585509	

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

18. **LODGING** ☐ YES ☐ NO *** GST EXEMPT ***
☐ Hotel/Motel OR ☐ Billiting
of nights authorized: (maximum 3)
Refer to attached ESS Rates sheet for maximum allowable rates

APR 25 2012 1170.00
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

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***
of people: Extreme winter conditions: ☐ YES ☐ NO
Refer to attached ESS Rates sheet for maximum allowable rates

22. **Comments:** Please provide an additional subsidy nine day Feb 1-24 2012 and 1 day 25 Feb 2012

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. Interviewer's first name and initial of last name (please print) 25. Date (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

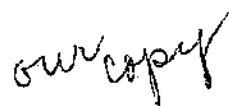
V8W 9J1

PHONE

1-800-585-9559

FAX

(250) 952-5831



Section 3 – Reception Centre Function Aids



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. 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)

Date of Accommodation provided: From: Feb. 1 2012 To: Feb. 29 2012
inclusive

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 years of age and over
 _____ children 12 years of age and under

children 12 years of age and under

twentynine

Please pay: 29 x \$30 for first adult = 870

29 x \$10.00 each additional adult = 300

Adt + 29 x \$ 5.00 for each youth 13-18 = 145

nine

TOTAL \$ 1170 in total for Feb inclusive

Name: *(Please print)* _____ s.22

Signature: s.22

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

s.22

1. PEP TASK #

123735

Referral # 585570

2. ESS File # (if applicable)

T511556

VALID ONLY

From

20.00

2012 03 01

To

20.00

2012 03 31

 by
approval

13. At the request of the Community or District of

Kulloet

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

 14. NAME OF FAMILY REPRESENTATIVE (family name - first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): TWO

Names: s.22

GOODS/SERVICES REC'D

5/12/10

by

R.T.

Date (mm/yy/dd)

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP

ACCT

STOB

PROJECT

15195

12200

3075

A3735

Commit #

Supplier

Inv#

MAY 10 2012

110289

REF 585570

T ***

NOTE TO ESS WORKER: Use one form for each different

 17. FOOD ☐ YES ☒ NO

*** GST EXEMPT **

☐ Restaurant Meals

OR

☐ Groceries

of adult/youths:

of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts:

of Lunches:

of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

 18. LODGING ☒ YES ☐ NO

*** GST EXEMPT ***

☐ Hotel/Motel

OR

☒ Billeting

of nights authorized: Thirty one (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

 19. CLOTHING ☐ YES ☒ NO

*** GST EXEMPT ***

of people:

Extreme winter conditions:

☐ YES

☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

of people: Specify approved items:

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

22. Comments: Please provide Accommodation for Mar 1 - Mar 31 inclusive for a total of \$1240.00

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

23. s.22

24. Interviewer's first name and initial of last name (please print)

Pamela V

25. Date (YYYY MM DD)

2012: 02: 29.

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

FAX

(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.

Date: February 29, 2012 PEP Task # 123 735
s.22 (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: MAR 1 / 2012 To: MAR 31, 2012

Daily Allowable Rates: \$30.00 for first adult *INCLUDING*
\$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 years of age and over
 _____ children 12 years of age and under

Please pay: THIRTY ONE x \$30 for first adult = 930
 _____ x \$10.00 each additional adult = 310
 _____ x \$ 5.00 for each youth 13-18 = _____
 TOTAL 1240.00

by approval

s.22

Name: (Please print) _____

Signature: x
s.22 _____

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

s.22	1. PEP TASK # 123735	Referral # 585571
		2. ESS File # (if applicable) T511556

VALID ONLY

From	9. 20.00	10. 2012 04 01	by <i>approved</i>
To	11. 20.00	12. 2012 04 30	

13. At the request of the Community or District of:
District of Lillooet

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): **TWO**
s.22
Names: _____

Number of Children (12 & under):
Names: **NONE**

NOTE TO ESS WORKER: Use one form for each different supply

17. **FOOD** ☐ YES ☒ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

GOODS/SERVICES REC'D *CR* by *[Signature]*
Date (mm/yyyydd) _____ Signature _____

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature _____ (Print Name) _____

RESP	ACCT	STOB	PROJECT
5586	12200	3075	A3735
Commit # <i>110789</i>	Supplier <i>110789</i>	Inv # <i>REF585571</i>	

1200.00

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

18. **LODGING** ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billings

22. Comments: **Please provide accommodation for thirty days APR 1 - Apr 30 inclusive - a total of 4 1200.00**

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

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. Interviewer's first name and initial of last name (please print) Pamela	25. Date (YYYY MM DD) 2012 03 31
------	---	--

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	FAX (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.

Date: MARCH 31, 2012

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 #)

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, 2012

INCLUSIVE

Daily Allowable Rates:

\$30.00 for first adult\$10.00 each additional adult, and\$5.00 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:

THREE

x \$30 for first adult

= 900.00

x \$10.00 each additional adult

= 300.00

x \$ 5.00 for each youth 13-18

= _____

TOTAL

1200.00

s.22

Name: (Please print) _____

Signature: X s.22



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

s.22

1. PEP TASK #

123735

Referral # 585568

2. ESS File # (if applicable)

T511556

VALID ONLY

From

9. 20130

10. 2011211

To

11. 20130

12. 2011230

13. At the request of the Community or District of

District of Alouette

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)

LACEY LAROCHELLE

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18) two

Names: s.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 EXEMPT ***

TRANSPORTATION ☐ YES ☒ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches:

MIN. OF PUBLIC
3 SOLICITOR GE
of Dinners SEP 10

GOODS/SERVICES REC'D 3/12/11 by [Signature]
Date (mm/yyyy/dd) Signature
CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

18. LODGING ☒ YES ☐ NO

*** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: Twenty (maximum 3) by approved.

Refer to attached ESS Rates sheet for maximum allowable rates

19. CLOTHING ☐ YES ☒ NO

*** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

RESP	ACCT	STOB	PROJECT
15186	12200	1918	A3735
Commit #	Supplier	Inv#	
110289	110289		

22. Comments:

please provide accommodation for twenty nights

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)

Pamela

25. Date (YYYY MM DD)

2011 12 1

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

FAX

(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

PEP Task # 123 735

(take from the top of the ESS Referral Form)

s.22

Name of Supplier: (your name) _____

Mailing Address: (your address) _____

s.22

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

Dec 11, 2011 } 20
To: Dec 30, 2011 } nights

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:

Two adults

_____ youths 13 - 18 years

_____ children 12 years of age and under

Please pay:

_____ x \$30 for first adult

= 600

_____ x \$10.00 each additional adult/youth

= 200

_____ x \$ 5.00 for each child

= _____

TOTAL

800.00

Name: (Please print) _____

s.22

Signature: _____

s.22

Revised April 2007



BRITISH
COLUMBIA

Ministry of
Public Safety and
Solicitor General



PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

REFERRAL

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
Buy Low Food

4. ADDRESS OF SUPPLIER
OLD MILL PLAZA

5. CITY
Lillooet BC

6. POSTAL CODE
V0K 1V0

7. TELEPHONE
(250) 256 7922

8. FAX
()

1. PEP TASK #
123735

Referral # **585532**

2. ESS File # (if applicable)
T511356

VALID ONLY

From 9. *20130* 10. *2011 12 11*

To 11. *20130* 12. *2011 12 30*

13. At the request of the Community or District of
District of Lillooet

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
S.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): *TWO*

Names: *S.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 EXEMPT ***

☐ Restaurant Meals OR ☒ Groceries

of adult/youths: *TWO* # of children:

Total # of meals per person during "Valid Only" period: *20 days*

of Breakfasts: # of Lunches: *by approval* # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

20. **TRANSPORTATION** ☐ YES ☒ NO *** GST EXEMPT ***

Specify Mode of Travel:

From (address) To (destination)

21. **INCIDENTALS** ☐ YES ☒ NO *** GST EXEMPT ***

of people: Specify approved items:

18. **LODGING** ☐ YES ☒ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☐ Billiting

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

GOODS/SERVICES REC'D *3/12/11* by *123735*

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature (Print Name)

RESP	ACCT	STOB	PROJECT
<i>15986</i>	<i>12200</i>	<i>7918</i>	<i>A3735</i>

Commit # *021012* Supplier *384156* Inv# *585532*

23 S.22

4. Interviewers first name and initial of last name (please print)

Pamela

25. Date (YYYY MM DD)

2011 12 11

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	FAX
1-800-585-9559	(250) 952-5831

PEP2395(05/11/01)
7530906047 (100/PAK)

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



**BRITISH
COLUMBIA**

Ministry of
Public Safety and
Solicitor General



REFERRAL

PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

goods and/or services along with the original white copy to the 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

s.22

1. PEP TASK #
123735

Referral # 585554

2. ESS File # (if applicable)

T511556

VALID ONLY

From

9. 20 30

10. 2011 12 04

To

11. 20 30

12. 2011 12 00

13. At the request of the Community or District of

District of Kelowna

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)

s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): Two

Names: _____ s.22

Number of Children (12 & under): _____

Names: _____

NOTE TO ESS WORKER: Use one form for each different supply

17. **FOOD** ☐ YES ☒ NO

*** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: _____ # of children: _____

Total # of meals per person during "Valid Only" period:

of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

18. **LODGING** ☒ YES ☐ NO

*** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billposting

of nights authorized: Seven (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

19. **CLOTHING** ☐ YES ☒ NO

*** GST EXEMPT ***

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES RECEIVED 3/12/11 by [Signature]

Date(mm/yy/dd)

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP

ACCT

STOB

PROJECT

15786

12200

2918

A3735

Commit #

Supplier

Inv#

110289

REF-585554

6 2 2012

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

22.

Comments: Please enter

Accommodation for Seven days.

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. Interviewer's first name and initial of last name (please print)

Pamela

25. Date (YYYY MM DD)

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

V8W 9J1

PHONE

1-800-585-9559

FAX

(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 Task #

123735

(take from the 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 Representative: (same name as appears on the ESS Referral Form)

s.22

Date of Accommodation provided: From

DEC 04 2011

To:

DEC 10, 2011

} 7 nights

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:

7

x \$30 for first adult

= 210.00

7

x \$10.00 each additional adult/youth

= 70.00

x \$ 5.00 for each child

= _____

TOTAL

280.00

s.22

Name: (Please print) _____

Signature: _____



BRITISH
COLUMBIA

Ministry of
Public Safety and
Solicitor General



JAN 20 2012

REFERRAL

PLEASE PRESS HARD - YOU ARE MAKING 4 COPIES

goods and/or services along with the original (white) copy of this Referral form.
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 # **644803**

5. NAME OF SUPPLIER
Buy Low Foods

4. ADDRESS OF SUPPLIER
OLD MILL PLAZA

6. CITY **LULLOET BC** 6. POSTAL CODE **V0L 1V0**

7. TELEPHONE **(250) 256-7922** 8. FAX **()**

1. PEP TASK #
123735

2. ESS File # (if applicable)
T511555

VALID ONLY

From 9. **20:30** 10. **2011:12:11**

To 11. **20:30** 12. **2011 12: 30**

13. At the request of the Community or District of
District of Lulloet

Please provide the following goods and services in accordance with the
Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
S.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): **ONE**

Names: **S.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 EXEMPT ***

☐ Restaurant Meals OR ☒ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period: **20 days**

of Breakfasts: # of Lunches: **BY APPROVAL** # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

20. **TRANSPORTATION** ☐ YES ☒ NO *** GST EXEMPT ***

Specify Mode of Travel:

From (address) To (destination)

21. **INCIDENTALS** ☐ YES ☒ NO *** GST EXEMPT ***

of people: Specify approved items:

IP ON FILE AT PEP

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

18. **LODGING** ☐ YES ☒ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☐ Billiting

of nights authorized: (maximum 3)

22. **Comments:** **please provide**
expenses to the value of
\$450.00 for 20 days.

GOODS/SERVICES REC'D **3/12/11** by **[Signature]** Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY **[Signature]** (Print Name)

RESP	ACCT	STOB	PROJECT
15386	12200	7918	A3735

Commit # **7 7013...** Supplier **B8456/009** Inv# **REF 644803** Name of last name (please print) **Pamela** 25. Date (YYYY MM DD) **2011: 12: 11**

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

FAX

(250) 952-5831

Lillooet Buy-low

Canada, VAN-1VU

Customer Statement

2012/01/01 Through 2012/01/17

JAN 20 2012

MIN. OF PUBLIC SAFETY
& SOLICITOR GENERAL
VPP HQ

PROVINCIAL EMERGENCY PROGRAM

Account #

225

POBOX 9201 STN PROV GOV'T
VICTORIA, BC
Ca, V8W9J1

Ph: () -

Fx: () -

Date	InvNmbr	Type	Description	Amount	Balance
2011/12/31		BF BAL	BALANCE FORWARD	379.50	379.50
2012/01/02	99811113279	CHG	Charge	28.75	408.25
2012/01/09	99811117887	CHG	Charge	78.16	486.41
2012/01/16	99811122291	PAY	Payment <u>PAID BY s.22</u>	<u>ON DEBIT</u> -36.41	450.00

Balance Due:

450.00



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

s.22

1. PEP TASK #

123735

Referral # 585553

2. ESS File # (if applicable)

T. 511556

VALID ONLY

From

9.

20/30

10.

2011 12 01

To

11.

20/30

12.

2011 12 04

13. At the request of the Community or District of

District of Kelowna

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name first name)

s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): TWO

Names: s.22

Number of Children (12 & under):

Names:

NOTE TO ESS WORKER: Use one form for each different supply

17. FOOD ☐ YES ☒ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D

3/12/11

Date(mm/yy/dd)

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP

ACCT

STOR

PROJECT

15786

12200

7918

A3735

Commit #

6272012

Supplier

110289

Inv#

REF 585553

18. LODGING ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: THREE (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

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

19. CLOTHING ☐ YES ☒ NO *** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22.

Comments: please provide accommodation for 3 nights

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

23 s.22

Interviewers first name and initial of last name (please print)

Shawna L

25. Date (YYYY MM DD)

2011 12 01

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

FAX

(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 1, 2011

PEP Task # 123 735
(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 DEC 1, 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: 3 x \$30 for first adult = 90.00
3 x \$10.00 each additional adult/youth = 30.00
_____ x \$ 5.00 for each child = _____

TOTAL 120.00

s.22

Name: (Plea

Signature: _____



**BRITISH
COLUMBIA**

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

s.22

1. PEP TASK #

123735

s.22

Referral # 585552

2. ESS File # (if applicable)

VALID ONLY

From

9. 2005

10. 2011 12 01

To

11. 2000

12. 2011 12 03

13. At the request of the Community or District of

LILLOET

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)

s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Names: s.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 EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

18. **LODGING** ☐ YES ☒ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

19. **CLOTHING** ☐ YES ☒ NO *** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

20. **TRANSPORTATION** ☐ YES ☒ NO *** GST EXEMPT ***

Specify Mode of Travel:

From (address)

To (destination)

21. **INCIDENTALS** ☐ YES ☒ NO *** GST EXEMPT ***

GOODS/SERVICES REC'D 2/12/12 by

Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature

(Print Name)

RESP	ACCT	STOB	PROJECT
1505	12200	7918	A3735

Commit # 41500

Supplier

110289

245855521
585821

FEB 09 2012

360.00

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

23. Signature of Family Representative

s.22

24. Interviewer's first name and initial of last name (please print)

Kim S. Edwards

25. Date (YYYY MM DD)

2011 12 01

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

FAX

(250) 952-5831



BRITISH
COLUMBIA

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

s.22

1. PEP TASK #

123 735

Referral # 585821

2. ESS File # (if applicable)

T511555

VALID ONLY

From

9. 2011 30

10. 2011 12 04

To

11. 2011 30

12. 2011 12 11

13. At the request of the Community or District of

District of Luver

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)

s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): ONE

Names:

s.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 EXEMPT ***

☐ Restaurant Meals OR ☐ Groceries

of adult/youths: # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses

Refer to attached ESS Rates sheet for maximum allowable rates

18. LODGING ☒ YES ☐ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☒ Billiting

of nights authorized: (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

19. CLOTHING ☐ YES ☒ NO *** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

20. TRANSPORTATION ☐ YES ☒ NO *** GST EXEMPT ***

Specify Mode of Travel:

From (address)

To (destination)

21. INCIDENTALS ☐ YES ☒ NO *** GST EXEMPT ***

of people: Specify approved items:

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

22. Comments: Please provide

accommodation for seven
days.

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

23. Signature of Supplier Representative
s.22

24. Interviewer's first name and initial of last name (please print)

Roberta

25. Date (YYYY MM DD)

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

V8W 9J1

PHONE

1-800-585-9559

FAX

(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 1/2011 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 #) _____

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: 1 adults
_____ youths 13 - 18 years
_____ children 12 years of age and under

Please pay: 12 x \$30 for first adult = 360.00
_____ x \$10.00 each additional adult/youth = _____
_____ x \$ 5.00 for each child = _____
TOTAL 360.00

s.22

Name: (Please print) _____
s.22

Signature _____



NOTE: 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
BUY LOW FOODS PO

4. ADDRESS OF SUPPLIER
OLD MILL PLAZA 1479

5. CITY
LILLOET BC 6. POSTAL CODE
V0K 1V0

7. TELEPHONE
(250) 256 7922 8. FAX
()

1. PEP TASK #
123735

Referral # 585551

2. ESS File # (if applicable)

T 511556

VALID ONLY

From 9. 2011 12 30 10. 2011 12 01

To 11. 2011 12 30 12. 2011 12 04

13. At the request of the Community or District of
District of Lilloet

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
S.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): TWO
Names: S.22

Number of Children (12 & under):
Names:

NOTE TO ESS WORKER: Use one form for each different supplier.

17. FOOD ☒ YES ☐ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☒ Groceries

of adult/youths: TWO # of children:

Total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D by S.22
Date (mm/yy/dd)

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

SIGNED ELECTRONICALLY

Spending Authority Signature (Print Name)

RESP	ACCT	STOB	PROJECT
<u>15585</u>	<u>12200</u>	<u>7918</u>	<u>A3735</u>

Commit # 384156 Supplier REF 585551-1

W. H. H. M. FEB 02 2012 TRF 998110914

18. LODGING ☐ YES ☒ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☐ Billiting

of nights authorized: (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

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

19. CLOTHING ☐ YES ☒ NO *** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments: please supply groceries to the value of \$135.00

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) Paula V 25. Date (YYYY MM DD) 2011 12 01

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	FAX
1-800-585-9559	(250) 952-5831



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

NAME OF SUPPLIER
Buy Low Foods

ADDRESS OF SUPPLIER
OLD MILL PLAZA

CITY
KILLOOET BC

6. POSTAL CODE
V0K 1V0

TELEPHONE
(250) 256 7922

8. FAX
()

1. PEP TASK #
123 735

Referral # 585820

2. ESS File # (if applicable)
7511555

VALID ONLY

From 9. 2011 12 04 10. 2011 12 04

To 11. 2011 12 11 12. 2011 12 11

At the request of the Community or District of
District of Killooet

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

Number of Adults or Youths (13 - 18): ONE

Names: s.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

FOOD ☒ YES ☐ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☒ Groceries

of adult/youths: # of children:

total # of meals per person during "Valid Only" period:

of Breakfasts: # of Lunches: # of Dinners:

20. TRANSPORTATION ☐ YES ☒ NO *** GST EXEMPT ***

GOODS/SERVICES REC'D 11/2/11 by RKT

Date(mm/yy/dd) Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate status 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.

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

ACCOMMODATION ☐ YES ☒ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☐ Billposting

of nights authorized: (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

SIGNED ELECTRONICALLY

Spending Authority Signature (Print Name)

RESP	ACCT	STOB	PROJECT
15595	12200	7998	A3735

Commit # Ellen Supplier 384156 Invoice REF585820-225-

CLOTHING ☐ YES ☒ NO *** GST EXEMPT ***

of people: Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

Comments: Please provide groceries for seven days to the value of \$157.50

Excursion of 3 days given as

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, P.O. 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) Pamela

25. Date (YYYY MM DD) 2011.12.04 JAN 11 2012

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 FAX (250) 952-5831



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

1. NAME OF SUPPLIER
Buy Low Foods

4. ADDRESS OF SUPPLIER
OLD MILL PLAZA

5. CITY
Victoria BC

6. POSTAL CODE
V8K 1V0

7. TELEPHONE
(250) 256 7922

8. FAX
()

1. PEP TASK #
123 735

Referral # *585555*

2. ESS File # (if applicable)
T511556

VALID ONLY

From *2011 12 30* To *2011 12 31*

10. *2011 12 31* 11. *2011 12 31*

13. At the request of the Community or District of
District of Victoria

Please provide the following goods and services in accordance with the Emergency Social Services Rates attached, to the following person(s):

14. NAME OF FAMILY REPRESENTATIVE (family name, first name)
s.22

15. NAME OF PERSON PURCHASING GOODS (if different from family representative)

16. Number of Adults or Youths (13 - 18): *250*
Names: s.22

Number of Children (12 & under):
Names: *ON FILE AT PEP*

NOTE TO ESS WORKER: Use one form for each different supplier.

17. FOOD ☒ YES ☐ NO *** GST EXEMPT ***

☐ Restaurant Meals OR ☒ Groceries

of adult/youths: _____ # of children: _____

Total # of meals per person during "Valid Only" period: _____

of Breakfasts: _____ # of Lunches: _____ # of Dinners: _____

NOTE: Alcohol, tobacco and gratuities are not eligible expenses
Refer to attached ESS Rates sheet for maximum allowable rates

GOODS/SERVICES REC'D *03/12/11* BY *[Signature]*

Date (mm/dd/yyyy) Signature

CERTIFIED THAT THE AMOUNT TO BE PAID is correct, is in accordance with appropriate statute 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.

SIGNED ELECTRONICALLY

Spending Authority Signature (Print Name)

RESP	ACCT	STOB	PROJECT
<i>15186</i>	<i>12200</i>	<i>7918</i>	<i>A3735</i>

Commit # *MAR 02 2012* Supplier *384156* Inv# *REF 585555*

18. LODGING ☐ YES ☒ NO *** GST EXEMPT ***

☐ Hotel/Motel OR ☐ Billiting

of nights authorized: _____ (maximum 3)

Refer to attached ESS Rates sheet for maximum allowable rates

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

19. CLOTHING ☐ YES ☒ NO *** GST EXEMPT ***

of people: _____ Extreme winter conditions: ☐ YES ☐ NO

Refer to attached ESS Rates sheet for maximum allowable rates

22. Comments: *please provide groceries to the value of \$315.00*

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s.22 24. Interviewers first name and initial of last name (please print) *Patricia* 25. Date (YYYY MM DD) *2011.12.04*

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Emergency Social Services Office, Provincial Emergency Program

PO Box 9201, STN PROV GOVT

Victoria BC

V8W 9J1

PHONE

1-800-585-9559

FAX

(250) 952-5831