

REFERRAL FORM MUST BE ATTACHED

As a host providing accommodation during a disaster, you may be compensated for the additional expenses you may have incurred. Complete this invoice and attach it to the copy of the Referral form. **MAIL the ORIGINAL Billet Invoice and the Referral Form** to the address indicated on the bottom of the Referral form. Please allow 6-8 weeks for payment. *Please keep a photocopy for your personal records.*

Date: _____ Task # _____

ESS File #: _____ ESS Referral #: _____
(Task & Referral numbers on the Referral Form)

Name of Supplier/Host Family: _____	
Host Family Mailing Address: _____	
City: _____	Postal Code: _____
Phone Number: _____	Alternate Number: _____
Email Address: _____	

Name of Family Representative/Evacuee: _____ <i>(Name as appears on the ESS Referral form):</i>	
Mailing Address of Evacuee: _____	
City: _____	Postal Code: _____
Contact Phone # of Evacuee: _____	Alternate Number: _____
Email Address: _____	

Date of Accommodation Provided:		
Date of 1 st Night: _____	Date of last Night _____	Total Nights: _____
Accommodation provided for: # of Adults/youth (13 & older) _____		
# of Children 12 years & under _____		

EMCR Office Use Only			
Number of Evacuee's	RATE (office use only)	X's # of Nights Stayed	= TOTAL \$
ONE	\$30 for first adult		
	\$10.00 each additional adult/youth		
	\$ 5.00 for each child 12 and under		
TOTAL			\$

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

Signature:

PLEASE MAIL ORIGINAL BILLET INVOICE AND WITH REFERRAL FORM

INFORMATION FOR BILLETTERS

- Evacuee will provide you with a copy of their Referral form
- Ensure all information is completed on Billeting Invoice form
- Billeting Invoice form is only valid for the dates and times identified on the Referral form
- A separate billeting Invoice form is required for each referral form
- Complete this Billeting Invoice form and attach it to the copy of the Referral form
- Ensure the Task number and Referral number from Referral form are written on Billeting Invoice form
- MAIL the ORIGINAL Billet Invoice form and **the Referral** form to the address indicated below:
 - Emergency Management Climate Readiness
 - PO Box 9201, STN PROV GOVT
 - Victoria, BC, V8W 9J1

OR

- Scan the Billeting Invoice form and **the Referral** form and email them to ESSFinanceInquiries@gov.bc.ca

****Please allow 6-8 weeks for payment. Please keep a photocopy for your personal records****