

Please note this is a **Generic Invoice Template** – the invoices provided as part of your contract renewal package are customized by the regional office. You may use either to submit your expense claims for reimbursement.

## Guide for completing the Invoice Template

<b>Authorization Number</b>	It is important you complete this field with the appropriate authorization number in order to receive your payment. Provide the authorization number for the fiscal year you are submitting your expense claim for. This is the 6 digit authorization number you will see on the contract approval letter you received from your local regional office.
<b>Fiscal Year</b>	Select the fiscal year the expenses are incurred and claimed for. Fiscal year is April to March.
<b>Client Information</b>	
<b>Child Name and Address</b>	Name of the child in receipt of Special Services at Home (SSAH) funding and the address of the child’s permanent residence.
<b>Parent/Caregiver Information</b>	Provide the name, address and signature of the parent / primary caregiver of the child and who is confirming the invoice form. This is typically the person who is in receipt of the SSAH funding on behalf of the child.
<b>Worker/Parent Relief Worker Information</b>	Provide the name, telephone number and the signature of the worker. Complete only if you are submitting an expense claim for respite services purchased from a Parent Relief worker with this invoice form.
<b>Skills and Development and other admissible expenses</b>	Specify the purchases you made under this expense category, the date of purchase and total amount being claimed.
<b>Date From</b>	Select the Date From (the first day) of the service. Where this is a one-time payment, the Date From and Date To would be the same.
<b>Date To</b>	Select the Date To (end date) for the service. Where this is a one-time payment, the Date From and Date To would be the same.
<b>Flat Rate</b>	Check the checkbox if you are entering a flat rate.
<b>Total Hours</b>	Complete only for worker or parent relief work claims. Provide the total number of hours worked for the invoices being submitted.
<b>Hourly/Flat Rate</b>	Complete only for worker or parent relief work claims. Provide the hourly rate for hours worked for the invoices being submitted. If a flat rate was selected, enter the flat rate amount.
<b>Total Amount</b>	Provide the total dollar amount for the service. For worker or parent relief work claims, the total amount being claimed should be the number of respite hours purchased multiplied by the hourly rate paid to the worker or if a Flat rate was paid to the worker, please enter the total amount paid.
<b>Total</b>	Provide the Total amount for all services / programs being submitted on this claim.

## Email Address of Regional Office Business Units to Email the Invoices

Regional Office	Email Address
Central region	<a href="mailto:mississauga-fax-finance-SSAH@ontario.ca">mississauga-fax-finance-SSAH@ontario.ca</a>
North region	<a href="mailto:NR.Payment.css@ontario.ca">NR.Payment.css@ontario.ca</a>
West region	<a href="mailto:swr.reports.css@ontario.ca">swr.reports.css@ontario.ca</a>
Toronto	<a href="mailto:SSAHToronto@ontario.ca">SSAHToronto@ontario.ca</a>
East	<a href="mailto:ssahfax@ontario.ca">ssahfax@ontario.ca</a>