



Supplier/Vendor Invoice

Complete and **fax** this **invoice** to WorkSafeBC using the fax number provided below. All fields with * are required.

Date of invoice* (yyyy-mm-dd)	Invoice number*	Quotation number (if applicable)	Purchase order authorization number (if applicable)
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Worker's information

Worker's last name*		First name*	
WorkSafeBC claim number*	Worker's date of birth (yyyy-mm-dd)	Worker's phone number	

Requestor information

Requestor's name (name of person who requested equipment/services)	Requestor's designation/role (OT, WorkSafeBC officer, worker, etc.)	Requestor's contact information (phone number and/or email)
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Supplier/vendor information

Payee's name*		Payee number*	GST registration number	
Mailing address for payment		City	Province	Postal code*
Phone number and/or email*	Fax number	Name of representative*		



Supplier/Vendor Invoice

Worker's last name	First name	WorkSafeBC claim number
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Date of service/delivery* (yyyy-mm-dd)	Fee code*	Description* (include item details, such as model number/part number, and/or service details, such as delivery, labour, etc., including which item the service is for)	Number of items* (number of units)	Cost per unit*	Line item amount* (not including taxes)	Discount %	Line item discounted amount (not including taxes)	GST (if charged)	PST (if charged)	Line item total* (including taxes)
									Invoice total*	

Payment Services
 Phone 604.276.3085
 Toll-free 1.888.422.2228

Fax
604.233.9777
 Toll-free **1.888.922.8807**

Mail
 Payment Services, WorkSafeBC
 PO Box 4700 Stn Terminal
 Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email FIPP@worksafebc.com, or call 604.279.8171.