



VOCATIONAL REHABILITATION SERVICES
BUSINESS START-UP/ENHANCEMENT
SERVICE INVOICE

This invoice must be submitted within 90 days of the date of service. Please **FAX** or mail completed form to WorkSafeBC as indicated below. **All fields with* are required for payment to be processed.** Failure to provide this information may result in processing delays. Please complete all other fields (if possible). Incomplete invoices may be returned for resubmission.

PAYMENT SERVICES
Phone 604 276-3085
Toll-free 1 888 422-2228

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Invoice number	Invoice date* (yyyy-mm-dd)	Authorization number *
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Payment information

Provider (Payee/Agency) name	Payee number*	GST registration number*	
Personnel last name	First name		
Mailing address for payment	City	Province	Postal code*
Telephone number (include area code)	Fax number (include area code)		

Service recipient information (worker or other person who received service)

Service recipient last name*	Service recipient first name*		
Service recipient date of birth* (yyyy-mm-dd)	WorkSafeBC claim number*	Date of injury (yyyy-mm-dd)	

Service information

Date of service end* (yyyy-mm-dd)	Fee code*	Fee description* (services provided)	Number of units* (e.g., number of hours)	Cost per unit* (rate per hour or fixed price)	Line item amount* (not including taxes)	GST (if charged)	PST (if charged)	Line item total* (including taxes)
	1101009	Feasibility study — business start-up (maximum 40 hours)		90.00				
	1101010	Feasibility study — business enhancement (maximum 40 hours)		90.00				
	1101039	Post implementation monitoring I @ 3 months (maximum 8 hours)		90.00				
	1101039	Post implementation monitoring II @ 6 months (maximum 8 hours)		90.00				
	1101039	Post implementation monitoring III @ 12 months (maximum 8 hours)		90.00				
	1101039	Post implementation monitoring IV post-12 months (maximum 8 hours)		90.00				
	1101039	Post-implementation support — pre-approved						
	1101025	Travel time — pre-approved		50.00				
	1101025	Airfare — pre-approved						



Vocational Rehabilitation Services Business Start-up/Enhancement Service Invoice *(continued)*

Service recipient last name	First name	WorkSafeBC claim number
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Date of service end* <small>(yyyy-mm-dd)</small>	Fee code*	Fee description* <small>(services provided)</small>	Number of units* <small>(e.g., number of hours)</small>	Cost per unit* <small>(rate per hour or fixed price)</small>	Line item amount* <small>(not including taxes)</small>	GST <small>(if charged)</small>	PST <small>(if charged)</small>	Line item total* <small>(including taxes)</small>
	1101025	Accommodation — pre-approved						
	1101025	Meals — pre-approved						
	1101025	Vehicle rental — pre-approved						
	1101025	Ferry or tolls — pre-approved						
	1101025	Other travel expenses — pre-approved						
	1134592	Service cancellation fee — pre-approved		250.00				
Invoice total*								\$

Comments

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.