


Purchase of Service (POS) Form – TO BE COMPLETED BY YOU

This form must be submitted with all expenses. All receipts and invoices must be attached to this form. It is like a cover sheet for all of your expenses.

Only **four** items need to be completed on this form. They are: the number of receipts/invoices attached, the total amount of expenses being claimed, your signature, and the date.

Example of POS form:

	FAMILY SERVICE TORONTO For People. For Change.	1				
Passport Purchase of Service Form						
Family Service Toronto 498 – 700 Lawrence Ave. West., Toronto, ON. M6A 3B4 416-780-1106 www.familyserVICEToronto.org/programs/passport						
FAX: 416-977-6110						
Client information:						
Name:						
Family code:						
Payable to:						
Payee name:						
Payee address:						
Payee phone number:						
REMINDERS						
<ul style="list-style-type: none">• Only one Purchase of Service (POS) form may be submitted each month.• Incomplete POS forms cannot be processed and will delay payment.• Attach official receipts / invoices for proof of payment.• Allow 30 business days for payment from the date received in our office.						
<table border="1" style="width: 100%;"><tr><td>Number of receipts / invoices attached:</td><td></td></tr><tr><td>Total amount of receipts / invoices:</td><td style="text-align: right;">\$</td></tr></table>			Number of receipts / invoices attached:		Total amount of receipts / invoices:	\$
Number of receipts / invoices attached:						
Total amount of receipts / invoices:	\$					
Payee Signature		Date				
By signing this form, I acknowledge I have not previously submitted the attached expenses.						
OFFICE USE ONLY						
Expense account:	Total \$:	POS Admin Initials:				
		Coordinator Initials:				
		Manager Initials:				
Date Received:						



Passport Purchase of Service Form

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FAX: 416-977-6110

Client information:

Name:	
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SAMPLE

Payable to:

Payee name:	
Payee address:	
Payee phone number:	

REMINDERS

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- Incomplete POS forms cannot be processed and will delay payment.
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Number of receipts / invoices attached:	
Total amount of receipts / invoices:	\$

Payee Signature

Date

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OFFICE USE ONLY

Expense account:	Total \$:	POS Admin Initials:	
		Coordinator Initials:	
		Manager Initials:	

Date Received: