

Ontario Passport Program

Notification of Brokerage Form

<input type="checkbox"/>	Initial
<input type="checkbox"/>	Update



PP1BRO1

Client information:

Name:	
Client code:	

Broker information:

Name:	Paul Harrison - Cornerstones Brokering	
Relationship to the client:	Broker	
Home phone number:	905-921-0655	
Cellphone number:		
Address:	21 Summerberry Way Hamilton On L9B 0G2	
Email address:	info@cornerstoneshamilton.com	
Start date:		
Annual funding amount approved for brokerage:		
Administrative charge (up to 10%):		

Are you currently acting as the Broker for another Passport client? (Yes/No): Yes

Signatures:

I agree to be responsible for managing the Passport funding for the above-named client including submitting invoices and receipts to PassportONE in accordance with the program guidelines.

Signature of Broker

Date

Person Managing Funds authorization:

I authorize the person named above to be responsible for managing the Passport funding including submitting invoices and receipts to PassportONE.

First and last name of Person Managing Funds (please print)

Signature of Person Managing Funds

Date



Passport ONE

FAMILY SERVICE TORONTO

PASSPORT PURCHASE OF SERVICE INVOICE FORM

Fax: 1 (416) 943-6293

Email: invoices@familyservicetoronto.org

Client Code	Client Name

Payee Information	
Name	
Address	
Phone Number	

INSTRUCTIONS

- Fill out and return this form to get reimbursed for purchase of services.
- Always use this page as first page for your submission.
- Attach official receipts / invoices as proof of purchase.
- Incomplete invoice forms will not be processed and will delay payment.
- If you have questions about the invoice, payment processing, or require any support, please contact your local Passport Agency.

TOTAL NUMBER OF RECEIPTS / INVOICES	
TOTAL AMOUNT OF RECEIPTS / INVOICES	

SIGNATURE - PERSON MANAGING FUNDS

By signing this form, I acknowledge that:

- I have signed a Passport Service Agreement
- I have not previously submitted the attached expenses
- The attached expenses comply with the MCCSS Passport Program Guidelines

Signature of Person Managing Funds

	Date
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