

**SCHEDULE "B" FUNERAL HOME INVOICE**

Name of Deceased:  Case # or Date of Birth:   
 Place of Death:  Date of Death:   
 Family member/Authorized representative making funeral arrangements:   
 Relationship to deceased:  Phone:

Fees for Services/Merchandise Provided by the Funeral Director	FEE AMOUNT
Type of Service (specify): <input type="text"/>	<input type="text"/>
Casket (specify): <input type="text"/>	<input type="text"/>
Liner/Outer Shell (specify): <input type="text"/>	<input type="text"/>
Cremation Fee (specify): <input type="text"/>	<input type="text"/>
Hermetically Sealed Container:	<input type="text"/>
Urn:	<input type="text"/>
Clergy:	<input type="text"/>

**Transportation Costs: Two-way travel after 25 kilometers (Attach receipt for accommodations)**

\$1.25 X  Kilometers = Transportation Costs (Maximum \$630.00):   
South of 53<sup>rd</sup> parallel  
 \$1.39 X  Kilometers = Transportation Costs (Maximum \$630.00):   
North of 53<sup>rd</sup> parallel

If seeking approval for transportation costs above the maximums, complete Additional Costs Requiring Provincial Director/Designate Approval section.

Meal Allowance\*:   
 Incidental\*:   
 Accommodations\*:

\*Available for reimbursement up to the maximums if providing transportation North of the 53<sup>rd</sup> Parallel (include receipts).

**Costs for Reimbursement (Actual) (Attach receipt/invoice that plot was paid for)**

Cemetery Plot (specify):    
 Opening/Closing Fee:   
 Frost and Snow Removal:   
 Casket Freight/Shipping:

**Additional Costs Requiring Provincial Director/Designate approval**

Item Description:    
 Item Description:    
 Item Description:    
 Item Description:

**TOTAL FEES:**

Funeral Home:  Phone:  License #:

Funeral Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure all documentation is submitted along with this invoice including a copy of the Funeral Director's Statement of Death, receipts showing actual costs for reimbursement and any documents required for additional costs authorized by the Provincial Director/Designate. No other claim shall be made by the supplier against any other person with respect to such account or any part thereof.

**GST EXEMPT # R107863847.**

Where Manitoba Families contracts with a funeral director for funeral services provided under the EIA and MSPD programs, Manitoba Families is entitled to purchase services without paying GST.

**Income Assistance Office Authorization**  
 AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_