

Funding Brokerage Support Worker Claim



Name of Funding Recipient: _____

Address: _____

Spending authority: _____

Phone Number: _____

Email: _____

Support Worker: _____

Payment information:

Phone Number: _____

___ Direct deposit arrangement

Email: _____

___ Cheque to this address: _____

Month - year:

Date	Time Started	Time Finished	# of Hours Worked	Total hours cost	Other expenses*		Total Amount (\$)	Funding source (To be completed by spending authority)
					description	cost		

***Original receipts must be submitted for other expenses**

Total payment: _____

Support worker: _____

Signature

_____ Date

Spending authority: _____

Signature

_____ Date

By signing the claim, the spending authority requests that CAO make the payment to the support worker