

Invoice - Service Delivery

Person Supported: _____

Parent/Guardian: _____

Phone Number: _____

E-mail address: _____

Month: Year:

Service Provider Name:

Day	Hrs. of Service	Total hrs. or service received	Rate/hr. or flat rate fee	Total Cost of service provided
<i>i.e. 1</i>	<i>8 am – 3 pm</i>	<i>6 hrs.</i>	<i>X \$ 15.00</i>	<i>= \$ 60.00</i>
<i>i.e. 2</i>	<i>4pm this day to 8am next day</i>	<i>Flat rate -16 hrs.</i>	<i>X \$100.00</i>	<i>= \$100.00</i>
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Totals:			hourly rate only	\$

REQUIRED SIGNATURES:**Service Provider:**

I verify the information submitted on this form is actual and correct.

Signature of Service Provider

Date _____

Parent/Guardian:

I received the service as indicated on this form and verify the information is actual and correct.

Signature of Parent/Guardian

Date _____

Make Payment to: _____

OFFICE USE ONLY

✓	Funding	Account #	Initials
	FMR	802114-2000	
	ASDR	802114-2050	
	SRS	802114-2060	
	OHRC	802114-2140	
	OHRA	802114-2130	
	SSAH	101104	
	Passport	101208	
	Other		
	INVOICE #		
	EFT		
	AMOUNT PAID	\$	
	Admin Fee %	Admin Fee \$	
	Admin Fee Invoice #	Admin Fee Total \$	

Submit to:

Fax to: 519-627-8905

Mail/drop off: 1100 Dufferin Ave., Wallaceburg ON N8A 2W1

E-mail to: invoice@getintocommunityliving.com

For More Forms:

Call: 519-627-0777 Ext. 2554

E-mail: invoice@getintocommunityliving.com

Online: www.respiteservices.com

Instructions for Completing the Invoice - Service Delivery

Upon receipt, Community Living Wallaceburg reviews the Invoice - Service Delivery form for accuracy and verification that sufficient funds are available to process the request. If a Service Provider assists with the completion of this form, it is the Parent/Guardian's responsibility to review the following instructions with them.

Submit a **separate** invoice for **each** Service Provider and a **separate** invoice for **each** child you are seeking reimbursement for support/service they received.

If **ALL** required information is not clearly identified on each form submitted, your invoice will be returned and your payment request will be held until completed forms are received.

Please complete the form entirely:

- If applicable enter the *SSAH Authorization #* issued by MCSS at the top right hand corner of the form.
- Enter the name of the *Person Supported*, their *Parent/Guardian*, telephone number and e-mail.
- Enter the **month and year** the service was provided. Use a **separate** invoice for **each month**.
- Enter the complete details of the service provided including date, hours of service, rate and the amount paid to the Service Provider.

SIGNATURES REQUIRED section provides verification of the information recorded on the invoice:

- The Parent/Guardian and the Service Provider are required to sign verifying the information written on the invoice is correct.
- Both signatures are required for the invoice to be processed.

Office Use Only Section:

- For office use only.

Help us Serve You Better:

- Please inform us if there are changes to your banking information, address, e-mail or telephone number by calling 519-627-0777 ext. 2554 or e-mail invoice@getintocommunityliving.com

PLEASE NOTE this form has 3 copies:

- **pink** copy is for the Service Provider
- **yellow** copy is for the Parent/Guardian
- **white** copy is submitted to Community Living Wallaceburg

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