



# Service Delivery Invoice 2019-2020

Person Supported: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

| Day            | Hrs. of Service                     | Total hrs. or service     | Rate/hr. or flat rate | 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>              |
| 1              |                                     |                           |                       |                                |
| 2              |                                     |                           |                       |                                |
| 3              |                                     |                           |                       |                                |
| 4              |                                     |                           |                       |                                |
| 5              |                                     |                           |                       |                                |
| 6              |                                     |                           |                       |                                |
| 7              |                                     |                           |                       |                                |
| 8              |                                     |                           |                       |                                |
| 9              |                                     |                           |                       |                                |
| 10             |                                     |                           |                       |                                |
| 11             |                                     |                           |                       |                                |
| 12             |                                     |                           |                       |                                |
| 13             |                                     |                           |                       |                                |
| 14             |                                     |                           |                       |                                |
| 15             |                                     |                           |                       |                                |
| 16             |                                     |                           |                       |                                |
| 17             |                                     |                           |                       |                                |
| 18             |                                     |                           |                       |                                |
| 19             |                                     |                           |                       |                                |
| 20             |                                     |                           |                       |                                |
| 21             |                                     |                           |                       |                                |
| 22             |                                     |                           |                       |                                |
| 23             |                                     |                           |                       |                                |
| 24             |                                     |                           |                       |                                |
| 25             |                                     |                           |                       |                                |
| 26             |                                     |                           |                       |                                |
| 27             |                                     |                           |                       |                                |
| 28             |                                     |                           |                       |                                |
| 29             |                                     |                           |                       |                                |
| 30             |                                     |                           |                       |                                |
| 31             |                                     |                           |                       |                                |
| <b>Totals:</b> |                                     |                           | hourly rate only      | \$                             |

**REQUIRED SIGNATURES:**

**Service Provider:**

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

\_\_\_\_\_  
Signature Date

**Parent/Guardian:**

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

\_\_\_\_\_  
Signature Date

Make Payment to: \_\_\_\_\_

**OFFICE USE ONLY**

|  |                     |                      |
|--|---------------------|----------------------|
|  | Funding             | Account              |
|  | FMR                 | 802114-2000          |
|  | ASDR                | 802114-2050          |
|  | SRS                 | 802114-2060          |
|  | OHRC                | 802114-2140          |
|  | OHRA                | 802114-2130          |
|  | SSAH                | 101104               |
|  | PASSPORT            | 101208               |
|  | OTHER               |                      |
|  | Invoice #           |                      |
|  | EFT #               |                      |
|  | TOTAL PAID          | \$                   |
|  | Admin fee %         | Admin Fee \$         |
|  | Admin Fee Invoice # | Total + Admin Fee \$ |