

Service Delivery Invoice

Person Supported: _____

Month/Year of Service: _____

Parent/Guardian Name: _____

Service Provider Name: _____

Phone or Email: _____

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

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: _____

Instructions For Completion & Submission

- Enter **ALL** required information including name of the *Person Supported*, their *Parent/Guardian*, telephone number and e-mail as well as the **month and year** service was provided.
- Use a **separate invoice for each month**.
- Enter the details of the service provided including date, hours of service, rate/hr. and the total amount paid to the Service Provider.
- 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.**

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

Incomplete or late forms will not be processed and will result in payment delay

To Submit This Form:

Email: invoice@getintocommunityliving.com

Fax to: 519-627-8905

Mail/Drop Off:

1100 Dufferin Ave., Wallaceburg ,ON N8A 2W1