

# Sample Completed Invoice

You can find a detailed step by step explanation of how to fill out the invoice on [pages 2 - 4](#) of the [How to Prepare and Submit Invoices for Payment](#) handbook.

Funds Administrator Name: <i>Mary Smith</i>								
Service Provider Name (if applicable):					Invoice #:		Use the format requested by your Community Board	
Period of Assistance: <i>201107</i>					Invoice Date:		<i>August 1, 2011</i>	
Contract #: <i>CK0123-123</i>								
Last Name	First Name	ID #	Type of Service	Units of Service			Total Units	Total
				Rate	Delivered	Held		
<i>Smith</i>	<i>Joe</i>	<i>5012345</i>	<i>1040</i>	<i>14.26</i>	<i>100</i>	<i>0</i>	<i>100</i>	<i>\$1,426.00</i>
<i>Smith</i>	<i>Joe</i>	<i>5012345</i>	<i>3000</i>	<i>14.26</i>	<i>40</i>	<i>0</i>	<i>40</i>	<i>\$570.40</i>
TOTALS					<i>140</i>	<i>0</i>	<i>140</i>	<i>\$1,996.40</i>
SERVICE DELIVERY								
ADMINISTRATION							<i>\$55.30</i>	
TOTAL MONTHLY INVOICE							<i>\$2,051.70</i>	

I certify that the above information is accurate and the amount claimed is the actual cost of hiring employees or engaging subcontractors to provide support for the funded individual indicated above. I will receive payment as per the PDD-Family Managed Service Agreement and I am responsible for paying my employee(s), contractors, approved service provider and related employer costs.

I know the amount of funding approved for the Family Managed Service Agreement period. I understand that I am expected to maintain my own records of funds available to ensure I have sufficient funds to pay my approved service provider throughout the period.

*Mary Smith*  
Signature of Funds Administrator

*August 1, 2011*  
Date