Dummy Invoice

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**\* INVOICE** REGULAR

**CLAIM ON THE SSPS PROVIDER PORTAL,CALL 1-888-461-8855
OR MAIL INVOICE USING YOUR OWN STAMP**

| INVOICE NUMBER | PAGE | | PROVIDER NUMBER |
|---|---|---|---|
| 411R-000000 | **001** OF **001** | | 111111 |

FOR MONTH ENDING:

**11/30/2024**

TO SIGN UP FOR DEPENDABLE DIRECT DEPOSIT, SEE INSTRUCTIONS.
FOR PAYMENT ISSUES, INCLUDING TIMELINESS, SEE INSTRUCTIONS.
**SOCIAL SERVICE PAYMENT SYSTEM (SSPS)**

PROVIDER

SSPS Test-Minnie Mouse
123 Cartoon Ln
Toontown, WA 98999

| 1 SERVICE RECIPIENT | SERVICES PERIOD | AMOUNT AUTHORIZED | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNIT | |
|---|---|---|---|---|---|---|
| Duck,Donald | **11/01/24** | **$860.00** | **860.00** | **MON** | 1 | |
| SERVICE NAME | TO | REFERENCE | | | | |
| **Foster Care** | **11/30/24** | **001-01-0001** | | **MON** | **1** | |

| CASE NUMBER | AUTHORIZATION | WORKER I. D. | REPORTING UNIT | SERVICE CODE | | |
|---|---|---|---|---|---|---|
| **0001491632** | **1679566-02** | **1   90XX90** | **798** | **03650** | | |

| 2 SERVICE RECIPIENT | SERVICES PERIOD | AMOUNT AUTHORIZED | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNIT | |
|---|---|---|---|---|---|---|
| Mouse, Mickey | **11/01/24** | **$722.00** | **722.00** | **MON** | 1 | |
| SERVICE NAME | TO | REFERENCE | | | | |
| **Foster Care** | **11/30/24** | **001-02-0002** | | **MON** | **1** | |

| CASE NUMBER | AUTHORIZATION | WORKER I. D. | REPORTING UNIT | SERVICE CODE | | |
|---|---|---|---|---|---|---|
| **0001491632** | **1679591-02** | **1   90XX90** | **798** | **03650** | | |

| 3 SERVICE RECIPIENT | SERVICES PERIOD | AMOUNT AUTHORIZED | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNIT | |
|---|---|---|---|---|---|---|
| Goofy | **11/01/24** | **$722.00** | **722.00** | **MON** | 1 | |
| SERVICE NAME | TO | REFERENCE | | | | |
| **Foster Care** | **11/30/24** | **001-03-0003** | | **MON** | **1** | |

| CASE NUMBER | AUTHORIZATION | WORKER I. D. | REPORTING UNIT | SERVICE CODE | | |
|---|---|---|---|---|---|---|
| **0001491632** | **1679580-02** | **1   90XX90** | **798** | **03650** | | |

**VENDOR'S CERTIFICATE: When you submit this invoice for payment, you are certifying that the items and totals listed herein are proper charges for services, materials, or merchandise furnished to the State of Washington and that all services, materials, or merchandise rendered have been provided without discrimination because of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, Vietnam era or disabled veterans status, or the presence of any sensory, mental, or physical handicap.**

**IF ANY SERVICES ARE MISSING FROM THIS INVOICE, CALL YOUR SERVICE WORKER.**

PROVIDER SIGNATURE

If mailing this invoice, make a copy for your records, and return using your own envelope to:

STATE OF WASHINGTON
DCYF/SSPS
PO BOX 45812
OLYMPIA WA 98504-5889

Mailing in your invoice you must manually validate the number of units provided in the service period.

Your invoice will reflect

Foster care
Foster care level

Both a monthly code and in the total unit, write "1" in the box below total unit. You cannot leave it blank.

The system is smart enough to know if the begin date or the end date is anything but the first of the month or the last date of the month, you will enter a "1". The system will prorate this amount.