

Sample Invoice Template

Name:
 Address:
 Phone Number:
 Billing Rate:

Name of Participant:
 UCI Number:
 Regional Center:

Month/Year:

Service Code	Date	Specific Service/Task	Time by Task	Rate	Cost
3XX	X/X/XXXX	Description of service performed	Amount of time spent on service	\$X/hr	Amount of time x hourly billing rate
3XX	X/X/XXXX	Description of service performed	Amount of time spent on service	\$X/day	Daily billing rate

Acceptable examples (based on an hourly rate of \$50)

Service Code	Date	Specific Service/Task	Time by Task	Rate	Cost
340	7/14/2023	Met with individual to draft spending plan.	1.75 hours	\$50/hr	\$87.50
340	7/25/2023	Contacted a potential provider to determine availability to provide services.	0.25 hours	\$50/hr	\$12.50

Acceptable examples (based on a daily rate of \$71.51)

Service Code	Date	Specific Service/Task	Time by Task	Rate	Cost
331	7/1/2023	Day program: Volunteering and work skills	6 Hours	\$71.51/day	\$71.51
331	7/2/2023	Day program: Cooking classes, library and travel training	6.5 Hours	\$71.51/day	\$71.51

Non-acceptable examples

Date	Specific Service/Task	Time by Task	Cost of Task
7/2023	Monthly independent facilitator services.	As needed	\$500 monthly fee
7/2023	Non-vendored Day program	21 days	\$1,501.71

Example of acceptable certification statement to appear on invoices:

I certify that this invoice accurately reflects the date, specific service/tasks performed and amount of time spent on each service/task and that the service/tasks are in accordance with state and federal requirements.

Date:

Signature:

Printed Name: