

DAY SERVICES INVOICE AND ATTENDANCE RECORD

This standard invoice and attendance record is to be used by persons or organizations providing day services to individuals for whom they have been authorized by Families to receive Day Services per diem funding or a combination of Day Services per diem funding and Day Services Special Rate funding.

The use of a modified version of this invoice and attendance record must be approved by the Regional Office and must comply with the standard documents in terms of the information it provides/requires.

INSTRUCTIONS FOR COMPLETING (by numbered fields):**Invoice**

1. Payable to (Supplier Name and Address) - Legal name, mailing address and postal code of the supplier. This information must be accurate, as the cheque for services rendered will be made payable and mailed in accordance with the information provided.
2. Invoice Date - Date on which the invoice is prepared by the supplier.
3. Billing Period - The start date and end date in year/month/day format of the period of service for which the invoice is being submitted. Invoices are to be submitted on a monthly basis.
4. Number of Individuals (Supplemental Rate) - Number of eligible individuals to a maximum of 20 for whom supplemental rate funding of \$1.00/day is claimed in the billing period.
5. Amount (Supplemental Rate) - Total amount of Supplemental Rate funding claimed in the billing period.
6. Number of Individuals (Regular Rate) - Number of authorized individuals for whom regular Day Services per diem funding is claimed in the billing period.
7. Amount (Regular Rate) - Total amount of regular Day Services per diem funding claimed in the billing period.
8. Number of Individuals (Special Rate) - Number of authorized individuals for whom Day Services Special Rate funding is claimed in the billing period.
9. Amount (Special Rate) - Total amount of Day Services Special Rate funding claimed in the billing period.

| | |
|--------------|-----------------|
| Date Issued: | January 1, 2019 |
| Replacing: | July 15, 1999 |

MANITOBA
FAMILIES

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COMMUNITY LIVING disABILITY SERVICESSubject: **Day Service Fees – Appendix A – Invoice****ADULT DISABILITY SERVICES**

10. Total Payable - Total Day Services Supplemental, Regular and Special Rate funding claimed in the billing period.
11. Authorized (Supplier) Signature - Signature of person authorized by the supplier to certify accuracy of the invoice.

Attendance Record

1. Supplier Name - Legal name of the provider of the service. Where the supplier is commonly known by a name other than the legal name, or if a supplier operates more than one day service identified by an operating address, the common name and/or address should be used.
2. Billing Period - The start date and end date in year/month/day format of the period for which attendance is being reported.
3. Individual - Surname and given name(s) of each individual who received day services in the billing period.
4. Billable Days - Enter the number of possible days billable in the billing period.
5. Days Actual - Enter the number of days each individual attended/received services during the billing period.
6. Per Diem (Regular) - Enter the authorized regular Day Services per diem rate for each individual.
7. Total (Regular) - Enter the total of Billable Days x regular per diem rate.
8. Per Diem (Special Rate) - Enter the authorized Day Services Special Rate per diem (where applicable) for each individual.
9. Total (Special Rate) - Enter the total of Billable Days x Special Rate per diem rate.
10. Total - Enter the total funding requested for each individual, the total Day Services funding requested for all individuals, the total Day Services Special Rate funding requested for all applicable individuals and the combined (regular and Special Rate) total of funding requested for all individuals reported.
11. Certified Correct - Signature of individual authorized by the supplier to certify the attendance record.

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COMMUNITY LIVING disABILITY SERVICES

Subject: **Day Service Fees – Appendix A – Invoice**

ADULT DISABILITY SERVICES

**Day Services
Invoice**



FORWARD INVOICE TO:
**MANITOBA
Families**

INVOICE DATE: 2

BILLING PERIOD: 3

PER ATTACHED ATTENDANCE RECORD

| SUPPLEMENTAL RATE ¹ | | REGULAR RATE | | SPECIAL RATE | | TOTAL PAYABLE |
|--------------------------------|--------|-----------------------|--------|-----------------------|--------|---------------|
| NUMBER OF INDIVIDUALS | AMOUNT | NUMBER OF INDIVIDUALS | AMOUNT | NUMBER OF INDIVIDUALS | AMOUNT | |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1 Supplemental Rate (\$1.00/day per individual; maximum 20)

Certified Correct:

11
AUTHORIZED (SUPPLIER) SIGNATURE

Payable To (Supplier Name and Address): _____

1

AS 110/RE

FOR FAMILIES USE ONLY

Certified Goods Received and/or Services Performed and Payment Authorized

SIGNATURE:

SAP DOCUMENT NUMBER:

| COST ELEMENT | COST CENTRE/ INTERNAL ORDER # | FUND RESERVATION | | AMOUNT |
|--------------|----------------------------------|------------------|---------------------|--------|
| | | # | ITEM # | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |
| VENDOR #: | | | AUTHORITY - T.B. #: | |

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**MANITOBA
FAMILIES**

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COMMUNITY LIVING disABILITY SERVICES

Subject: **Day Service Fees – Appendix A – Invoice**

ADULT DISABILITY SERVICES



MANITOBA Families

**Day Services
Attendance Record**

SUPPLIER NAME: _____ 1 _____

BILLING PERIOD: _____ 2 _____

| INDIVIDUAL SURNAME GIVEN NAME | | BILL- ABLE DAYS | DAYS ACTU AL | REGULAR RATE | | SPECIAL RATE | | TOTAL |
|----------------------------------|--|-----------------------|--------------------|--------------|-------|--------------|-------|-------|
| | | | | Per Diem | Total | Per Diem | Total | |
| 3 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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| TOTALS | | | | 10 | XXXXX | 10 | \$ 10 | |

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CERTIFIED CORRECT

Authorized Signature

TO BE ATTACHED TO INVOICE

| | |
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**MANITOBA
FAMILIES**

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