FOLLOW-UP SERVICES

Two documents are required when submitting an invoice for payment:

a) Service Record
b) Invoice

1. SERVICE RECORD

This is a 2 page report which must be attached to the Invoice. Page 1 provides for the first 15 days of the month and page 2 provide for the balance of days in the month.

- **Billing Period -** Indicate the start date and end date of the period for which the invoice is being submitted.

- **Participant Name -** As recorded on the Participant Identification form, list all persons for whom follow-up service was provided during the billing period.

- **Days Service Provided -** Calendar dates are indicated.

- **Days Service Provided -** Indicate the day of the week to correspond with the date that service is provided – M., T., W., Th., F., S., Sun.

- **Total Days -** Enter the total number of days that follow-up service was provided for each participant.

- **Total -** Enter the total number of days service was provided to all participants during the billing period.

  NOTE: Total days for each participant between the 1st and 15th of the month is to be carried forward from page 1 to page 2 and the Total days for the month entered in the last column on page 2 for each participant.

- **Authorized Signature -** Signature of person authorized to certify the accuracy of the report.

2. INVOICE

- **Invoice Date -** Date on which the invoice is prepared by the service provider.
- **Billing Period -** Indicate the start date and end date of the period for which the invoice is being submitted.
- **Agency/Supplier Name -** Enter the legal name of the agency or supplier who provided the services
- **Number of Participants** - Enter the total number of participants to whom service was provided during the billing period.
- **Total Days -** Enter the total number of days that service was provided during the billing period.
- **Per Diem -** Enter the approved daily rate per terms of the agreement.
- **Amount Payable** - Multiply the total days by the per-diem and enter the amount.
- **Authorized Signature** - Signature of person authorized to certify the accuracy of the invoice.
- **Payable To** - Indicate the legal name and full mailing address including the postal code to which payment is to be made.

FOLLOW-UP SERVICES
SERVICE RECORD
(To be attached to invoice)

Billing Period _____ **to** _____
Year/Month/Day **Year/Month/Day**

	PARTICIPANT SURNAME GIVEN NAME	DAYS SERVICE PROVIDED															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	TOTAL DAYS
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
																TOTAL	

I certify that the above service have been provided for the days billed.

_____
AUTHORIZED SIGNATURE

FOLLOW-UP SERVICES
SERVICE RECORD
(To be attached to invoice)

Billing Period _____ **to** _____
Year/Month/Day Year/Month/Day

	PARTICIPANT SURNAME	GIVEN NAME	DAYS SERVICE PROVIDED TOTAL DAYS FWD	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL DAYS
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
																			TOTAL	

I certify that the above service have been provided for the days billed.

_____
AUTHORIZED SIGNATURE

Follow-up Services Invoice

FORWARD INVOICE TO:
Manitoba Families

Invoice Date: _____

Billing Period

From: _____
Year/Month/Day

To: _____
Year/Month/Day

Agency/Supplier Name: _____

Number of Participants	Total Days	Per Diem	Amount Payable

Per attached service record.

I certify that the above services have been provided for the days billed.

_____
AUTHORIZED SIGNATURE

PAYABLE TO: _____

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 #	FUND RESERVATION ITEM #	DOLLAR AMOUNT
			TOTAL	
VENDOR #:		AUTHORITY – T.B. #:		