

Service Provider Invoice

Remit at the end of each month

2. Service Provider Information

Provider Name: _____

Provider Address: _____

City: _____

Postal Code: _____ Phone: _____

1. Service/Billing Period:

From: _____

To: _____

3. Client Name <i>(1 invoice per client)</i>	Client Address

4. Service Description – As outlined in SMILE Letter	Date of Service (MMM/DD/YYYY)	# of Hours	Fee per Hour/Visit	Total
<i>Example: Household Management</i>	JAN/15/2016	2	15.00	30.00
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Total \$				

5. Client Signature: _____

Date: _____

(Must be signed/dated by client after last day of service)

6. Please submit to: VON SMILE Program
 80 Division Street, Suite 14
 Trenton, ON K8V 5S5
 Fax: 1-866-965-4389

For SMILE Program Use Only		
Received in SMILE Office	Date Entered	Document Number

Please fill out the Service Provider invoice using the following instructions.
Submit for payment at the end of each month.

If submitting by fax, please use a cover sheet

It is your responsibility to provide your own invoices.

You may use this template, photocopy it, and keep an appropriate supply for your use.

Instructions

1. Fill in service/billing period. From: (first date worked within billing period)
To: (last day worked within billing period)
**Services must have been provided prior to submission.*
2. Fill service provider information. It is important to fill in your name as it appears on your bank account, complete mailing address and phone number. **Reminder – you are a private business; not a SMILE employee**
3. Fill in client's name and complete address.
4. Fill in each week's service, as outlined in your SMILE letter and include:
 - Service Description
 - Date of Service
 - Number of Hours
 - Fee per hour/visit
 - Total Amount
5. The client must sign and date the invoice prior to submission. Client must sign after last day of service.
6. Either mail OR fax invoice, (not both), to:
SMILE Program
80 Division Street, Suite 14
Trenton, ON K8V 5S5
Fax: 1-866-965-4389

Incomplete invoices will be returned to the service provider, delaying service provider payment

*Please Note: Invoices are payable 30+ days after receipt in the SMILE office.

If you have any questions, please contact the SMILE Program at 1-888-866-6647.