

Individualised Funding Funds Advance Invoice Template

Step 1 of 2

Submit to: ifpayments@psn.org.nz or fax (09)8350310

Name of Client	
Name of Agent (if applicable)	
Date	
Invoice Number	

Please provide a unique invoice number for each template you submit. This is required to specifically identify your submission. For your first submission you may choose to use "invoice 01" as your invoice number, then every invoice submitted your invoice number increases.

Payment Details

Please tick one from the box below	Please tick one from the box below
Payment is to be made to: <input type="checkbox"/> Client/agent <input type="checkbox"/> Bureau who issued quote	<input type="checkbox"/> I have already submitted the completed agent or bureau form <input type="checkbox"/> I have submitted a new agent or bureau form as the bank details have changed

Date	Purchase	Total
		\$
		\$
		\$
		\$
Total		\$

The above claims are to be deducted from the below service/s

<input type="checkbox"/> Personal Care Total: \$ _____	<input type="checkbox"/> Household Management Total: \$ _____	<input type="checkbox"/> Respite Care Total: \$ _____
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Individualised Funding Funds Advance Process

1. Client/agent to obtain quote and submit a copy with a completed Funds Advance Invoice Template.
2. Enliven to assess and approve / deny submission. If approved, Enliven will transfer funds in the next claim process payment date.
3. Client/Agent to purchase items as per quote, completed Funds Advance Remittance Form to be submitted to Enliven with a copy of the receipt by the date listed in the declaration of Funds Advance Invoice Template.
4. If funds submitted on Quote are higher than the value of receipt, client/agent to transfer remaining funds back to Enliven.
5. **If Funds Advance Remittance and receipts is not received within the agreed date, you will no longer be eligible for future Funds Advance and Whaikaha- Ministry of Disabled People will be notified.**

Declaration

I have read the above Funds Advance Process and agree to follow this process. I have attached clear and readable copies of a quote and detailed the purchases above. This quote is in relation to the individualised funding support services for the client listed above. By signing this document, I agree to purchase the items listed and provide Enliven with a copy of the receipt as proof of purchase. The receipt will be sent to Enliven by ____/____/____ with a completed Funds Advance Remittance Form. I agree to transfer any unused funds, back to Enliven. By signing this document, I confirm the above are a true and accurate record of the services provided and those services were provided in compliance with the Whaikaha - Ministry of Disabled People's policies and guidelines relating to Disability Support Services. This quote meets the Whaikaha - Ministry of Disabled People's requirements for auditing. Enliven has the right to decline any submissions which do not meet the Whaikaha - Ministry of Disabled People's requirements or are not clear and readable for auditing.

Client/Agent Name	Signature	Date