

## Individualised Funding Funds Advance Remittance Form

### Step 2 of 2

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

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

Please write the same invoice number completed on the Funds Advance Invoice Template, submitted in reference to this receipt. The related Funds Advance Invoice Template was submitted to Enliven on \_\_\_\_/\_\_\_\_/\_\_\_\_.

#### Payment Details

Amount Received for original quote: \$_____.	Total amount on receipt: \$_____.
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#### Please tick one from the box below

The original quote and the receipt is for the same value ☐ (skip ahead to the declaration)

The original quote is for more than the receipt ☐ (complete section A of this form)

The original quote is for less than the receipt ☐ (complete section B of this form)

Section A: Complete if the original quote is more than the receipt	Section B: Complete if the original quote is less than the receipt
The original quote is \$_____ more than the receipt, in the Funds Advance Invoice Template, I agreed to transfer these funds back to Enliven.	The original quote is \$_____ less than the receipt.
Section A: Transfer return details	Section B: Please tick one from the box below
Bank Account Name: Presbyterian Support Northern Bank Account: 06-0101-0075933-99 Reference: 900-940-6330 Particulars: _____ (clients name) Return transfer made on: ____/____/____	I will personally cover the difference between the quote and receipt <input type="checkbox"/> I request for the difference to be reimbursed in the next claim process cycle <input type="checkbox"/>

#### Individualised Funding Funds Advance Process

1. Client/agent to obtain quote and submit a copy of with a completed Funds Advance Invoice Template.
2. Enliven to assess and approve or 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.

#### Declaration

I have read the above Funds Advance Process and agree to follow this process. I have attached clear and readable copies both the original quote and the receipt for proof of purchase. This quote and receipt are in relation to the individualised funding support services for the client listed above. If funds have been returned to Enliven due to the original quote being more than the final receipt, I agree to keep the deposit receipt/slip for this transfer. 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