

## Individualised Funding Invoice Template

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

<b>Name of Client</b>	
<b>Name of Agent</b> (if applicable)	
<b>Date</b>	
<b>Invoice Number</b>	

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 invoice	<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 / Description Details	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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### Declaration

I have attached clear and readable copies of receipts or invoices relating to the purchases listed above. These purchases are related to the individualised funding support services for the client listed above. 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. These receipts and invoices meet 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