



OUT OF HOME CARE INVOICE TEMPLATE (RESIDENTIAL/SHELTER)

Contract Number: _____
 SERVICE PROVIDER: _____
 Address: _____

Invoice and Client Log
 for the MONTH of: _____
 Telephone Number: _____

	Client Name	Social Security Number	Date of Birth (MM/DD/YY)	Incident Reports Filed (yes or no)	Date of Admission (if applicable) (MM/DD/YY)	Date of Release (if applicable) (MM/DD/YY)	Date(s) of Absence* (if applicable)	Number of Days in Care During Month for which Payment is Requested	Unit Rate	Total Cost
1										\$0.00
2										\$0.00
3										\$0.00
4										\$0.00
5										\$0.00
6										\$0.00
7										\$0.00
8										\$0.00
9										\$0.00
10										\$0.00
Total Amount Requested:										\$0.00

*A request for CCKids Approval for Absent Day Form must be submitted with the invoice for the absent day(s) of each client.

*I certify the above to be correct in agreement with the agency's records and with the terms of the agreement with CCKids.

Submitted by: _____
 Signature Title Date

CONTACT THE FOLLOWING PERSON REGARDING THE PREPARATION OF THIS DOCUMENT:

 Name DIRECT Telephone Number

FOR CCKids USE ONLY:

CONTRACT DEPARTMENT	Contract Information Validated on: _____	Contract Manager Signature: _____
Date Invoice Received: _____		
Service Period: _____		

FINANCE DEPARTMENT

Approved for Payment By: _____	Date Approved: _____
GL # _____	Percentage/Amount of Payment: _____
GL # _____	Percentage/Amount of Payment: _____
GL # _____	Percentage/Amount of Payment: _____