**Template 10**

**Managing Entity Monthly Fixed Payment Invoice**

**Contract Reference:** *Sections A-1.1.3 and F-3.1.1*

**Frequency:** *Monthly*

**Due Date:** *No later than the 20th of month following service delivery; and*

*FY Final: No later than August 15*

**Discussion:**

Copy and paste the template on page 2 of this guidance onto the ME’s letterhead. Enter the required information and signature and submit to the Department’s Contract Manager with supporting documentation as required by *Section F-3.1*

|  |
| --- |
| **Managing Entity Monthly Fixed Payment Invoice** |
|  |  |  |  |  |  |
| **ME Name** |
| **Contract #****Vendor ID #** |
|  |  |  |  |  |  |
| **for month of \_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |
| **State Fiscal Year \_\_\_\_\_ -\_\_\_\_\_** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Payment is requested in the amount of: |  $ |
| Financial consequences: |  $ |
| Fixed payment to actual expenditure reconciliation adjustments: |  $ |
|  |  |  |  |  |  |
| Total amount requested after adjustments: |  $ -  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **CERTIFICATION:** *I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with the Department. Additionally, I certify that all client demographic and service event data have been submitted to the Department in accordance with the terms and conditions of this contract.* |
| **Authorized Signature** |   |
| **Authorized Name and Title (Print)** |   |
| **Date Submitted** |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **FOR DCF USE ONLY** |  |  |
|  |  | **Date Invoice Received** |   |  |  |
|  |  | **Date Goods and Services Received** |   |  |  |
|  |  | **Date Inspected and Approved** |   |  |  |
|  |  | **Approved by** |   |  |  |
|  |  | **Print Name** |   |  |  |
|  |  |  |  |  |  |