



Invoice Submission Process

1. Send the numbered invoice to the family for review and approval. Please attach the attendance sheet if it is not included in the invoice. Include the following:
 - Participant’s Full Name
 - Invoice Number
 - Service Month and Service Details
 - Invoice Total

The items below are required for businesses that ONLY provide services to individuals with developmental disabilities:

 - Hourly or daily rate charged by SDP provider/vendor
 - Service code under which services are provided
 - Date each service/task was provided
 - Description of specific service/task provided
 - Amount of time spent on each service/task
 - Total cost of the service/task provided
 - A statement that all services specified in the invoice have been provided to the participant (see attached sample), with vendor signature to accompany statement.
2. Once the family approves the invoice, the family will send the invoice and CC you to: sequoiavendors@sequoiasd.com.
3. ACH payments will be made according to the VENDOR PAYMENT SCHEDULE below.

Pay Period	Pay Period Starts	Pay Period Ends	Timesheets Due	Payment/EFT Sent
1	01/01/24	01/15/24	01/18/24	01/23/24
2	01/16/24	01/31/24	02/03/24	02/09/24
3	02/01/24	02/15/24	02/18/24	02/23/24
4	02/16/24	02/29/24	03/03/24	03/08/24
5	03/01/24	03/15/24	03/18/24	03/25/24
6	03/16/24	03/31/24	04/03/24	04/10/24
7	04/01/24	04/15/24	04/18/24	04/25/24
8	04/16/24	04/30/24	05/03/24	05/10/24
9	05/01/24	05/15/24	05/18/24	05/24/24
10	05/16/24	05/31/24	06/03/24	06/10/24
11	06/01/24	06/15/24	06/18/24	06/25/24
12	06/16/24	06/30/24	07/03/24	07/10/24
13	07/01/24	07/15/24	07/18/24	07/25/24
14	07/16/24	07/31/24	08/03/24	08/09/24
15	08/01/24	08/15/24	08/18/24	08/23/24
16	08/16/24	08/31/24	09/03/24	09/10/24
17	09/01/24	09/15/24	09/18/24	09/25/24
18	09/16/24	09/30/24	10/03/24	10/10/24
19	10/01/24	10/15/24	10/18/24	10/25/24
20	10/16/24	10/31/24	11/03/24	11/08/24
21	11/01/24	11/15/24	11/18/24	11/25/24
22	11/16/24	11/30/24	12/03/24	12/10/24
23	12/01/24	12/15/24	12/18/24	12/23/24
24	12/16/24	12/31/24	01/03/25	01/10/25

Sample Invoice Template

Name:
 Address:
 Phone Number:
 Billing Rate:

Name of Participant:
 UCI Number:
 Regional Center:

Month/Year:

Service Code	Date	Specific Service/Task	Time by Task	Rate	Cost
3XX	X/X/XXXX	Description of service performed	Amount of time spent on service	\$X/hr	Amount of time x hourly billing rate
3XX	X/X/XXXX	Description of service performed	Amount of time spent on service	\$X/day	Daily billing rate

Acceptable examples (based on an hourly rate of \$50)

Service Code	Date	Specific Service/Task	Time by Task	Rate	Cost
340	7/14/2023	Met with individual to draft spending plan.	1.75 hours	\$50/hr	\$87.50
340	7/25/2023	Contacted a potential provider to determine availability to provide services.	0.25 hours	\$50/hr	\$12.50

Acceptable examples (based on a daily rate of \$71.51)

Service Code	Date	Specific Service/Task	Time by Task	Rate	Cost
331	7/1/2023	Day program: Volunteering and work skills	6 Hours	\$71.51/day	\$71.51
331	7/2/2023	Day program: Cooking classes, library and travel training	6.5 Hours	\$71.51/day	\$71.51

Non-acceptable examples

Date	Specific Service/Task	Time by Task	Cost of Task
7/2023	Monthly independent facilitator services.	As needed	\$500 monthly fee
7/2023	Non-vendored Day program	21 days	\$1,501.71

Example of acceptable certification statement to appear on invoices:

I certify that this invoice accurately reflects the date, specific service/tasks performed and amount of time spent on each service/task and that the service/tasks are in accordance with state and federal requirements.

Date:

Signature:

Printed Name: