

Financial Assistance Invoice Guidelines

Please note that all invoices must include the following:

- Date invoice was created
- Date or dates of service (include month/day/ year)
- Name of participant receiving funding
- Participant or family member listed as Payer (NOT AADD)
- Date invoice was created
- Address of vendor for check to be mailed
- Vendor tax ID number, or copy of W-9

FINANCIAL REQUEST FORMS MUST BE SUBMITTED WITH ALL INVOICES

SAMPLE INVOICE

Happy Time Summer Camps

125 Fun Ave. Decatur, GA 30030
Phone: (404) 800-9777
Fax: (404) 800-0094

December 18, 2014 - **Invoice date**

Jason Doe - **Name of participant**
c/o

Jane Doe - **Name of parent**
42 Happy Rd.
Positivity, GA 30002

Tax number (EIN) 58-83737

Social skills summer camp - 12/1/14 to 12/3/14 (**Service being billed for/service date**) \$150.00

	Amount due
BALANCE DUE	\$150.00

***** Please make all checks payable to Happy Times LLC. Thank you.**