



Fiscal Agent Invoice

Program: _____

Vendor/Provider		Employer/Client	
Name		Name	
Address		Address	
Phone		Phone	

Authorization Date (pay period of service)		<ul style="list-style-type: none"> Only 1 pay period per invoice. Pay period must conform to Vendor Payment Schedule.
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Date(s) of Service	Service Code + Service Type	Number of Hours	Rate	Total (\$)
Invoice Total				

IMPORTANT: Invoices must be submitted within 60 days of service. Invoices submitted for service(s) provided more than 60 days before the submission date will not be paid.

By signing below, all parties agree that the service(s) mentioned above were completed as specified.

Vendor/Provider Signature: _____ Date: _____

Employer/Client Signature: _____ Date: _____

Submit completed invoices via:
Email: fiscal@iLIFE.org
Fax: 414-918-8130
Mail: iLIFE Fiscal Agent, P.O. Box 80455, Milwaukee, WI 53208