



## Fiscal Agent Invoice

Program: \_\_\_\_\_

Vendor/Provider		Employer/Client	
<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Phone</b>		<b>Phone</b>	

<b>Authorization Date</b> (pay period of service)		<ul style="list-style-type: none"> <li>Only 1 pay period per invoice.</li> <li>Pay period must conform to Vendor Payment Schedule.</li> </ul>
--	--	---

Date(s) of Service	Service Code + Service Type	Number of Hours	Rate	Total (\$)
<b>Invoice Total</b>				

**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@iLIFEfms.com  
**Fax:** 414-918-8130  
**Mail:** iLIFE Fiscal Agent, P.O. Box 90980, Milwaukee, WI 53209