



Fiscal Agent Invoice

Program: _____

Vendor/Provider		Employer/Client	
Name	ABC Company	Name	
Address	1234 Main Street Milwaukee, WI 12345	Address	987 Main Street Milwaukee, WI 12345
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: ABC Company Representative Date: 3/28/2019

Employer/Client Signature: John Doe Date: 3/28/2019

Submit completed invoices via:
Email: fiscal@iLIFEfms.com
Fax: 414-918-8130
Mail: iLIFE Fiscal Agent, P.O. Box 90980, Milwaukee, WI 53209