

Consumer Assistance Program (CAP) Invoice Form Instructions for Appendix F

ARD - Enter station's ARD number

Name - Enter station's name as on file with the Bureau of Automotive Repair

Address- Enter station's address

City,St - Enter city, state, and zip code

Phone# - Enter station's phone number

FAX# - Enter station's fax number

Station invoice billing number – Enter station's invoice billing number. Each station shall create a billing numbering/alpha system, which is used to uniquely identify each invoice submitted by the station during the billing process. This numbering/alpha system makes it easier to identify the invoice for follow-up purposes.

CAP Agreement/Vendor Number - Enter CAP Agreement Number. This number is located in the top right hand corner of your CAP Standard Agreement. It must be entered on your invoice exactly as it is written on your Standard Agreement.

Labor Rate - Enter the labor rate that you have on file with CAP. If a change is made to the labor rate, the station shall immediately fax a new STAR Station Questionnaire (Appendix I) to CAP with the correct labor rate to (916) 464-1275.

Tax Rate - Enter the tax rate that you have on file with CAP. If a change is made to the tax rate, the station shall immediately submit a new STAR Station Questionnaire to CAP.

***NOTE: As you complete these areas, the Repair Notification forms will automatically be populated with the information.**

Repair Form

Row 1:

- **CAP ID Number**- Is automatically populated as the Repair 1 tabbed notification is filled out.
- **Repair Order Date** - Is automatically populated as the Repair 1 tabbed notification is filled out.
- **Vehicle License Number** - Is automatically populated as the Repair 1 tabbed notification is filled out.
- **Labor** - Is automatically populated as the Repair 1 tabbed notification is filled out.
- **Parts** - Is automatically populated as the Repair 1 tabbed notification is filled out.
- **Sales Tax** - Is automatically populated as the Repair 1 tabbed notification is filled out.
- **Consumer Paid** – Is automatically populated as the Repair 1 tabbed notification is filled out. DO NOT include the \$8.25 for the cost of certificate. Itemize the \$8.25 cost of certificate on your final invoice.
- **Total CAP Reimbursement** - Is automatically populated as the Repair 1 tabbed notification is filled out. The total amount CAP owes you **NOT including the \$8.25 for the cost of certificate** (It can not exceed \$500.00).

Row 2 through Row 10; repeat the process for Row 1.

Claimant Signature

- **Owner/Manager's** signature in [Blue Ink](#) (claimant's name must be the same as on the STAR Station Questionnaire form).
- **Date** – The date this invoice form is being prepared and signed.
- **Printed Name** - (claimant's printed name)
- **Grand Total** - Is automatically totaled as the Repair notifications are filled out.

NOTE: The Invoice form is designed to be used in conjunction with the Repair Notification form as a Microsoft Excel spreadsheet. The use of this form as a spreadsheet is highly recommended by CAP.