



Contracted Services Invoice

DATE STAMP AREA

Billing Period:

Agency Name:
Contract #:
Program Name:
Program #:
Contract/ Prog. Amount:

Customer #
Address 1
Address 2
City, St, Zip

A. Grand Total \$ For Units Delivered This Month (from page 2, "A")
B. Match this month
C. Net Amount Requested for Reimbursement/Month
D. Net Amount Requested Year-to-Date
E. Match Contribution YTD

On Time ___ Late ___

F. CERTIFICATION: The undersigned, as an authorized signator for the contract between Broward County and
hereby affirms and certifies that the services billed herewith have been delivered to clients on behalf of Broward County per agreement, that all clients
served have met the program eligibility requirements, and that sufficient written information is available to document services. Provider also represents to
County that no other reimbursement is used for invoiced services.

G. Approved Signator Name (typed): Title:

H. Authorized Signature: Date:

THIS SECTION FOR COUNTY USE ONLY

Fund/Agency/Organization/Object:

Division Reviewer/Date:

I hereby certify that the backup documentation is complete, accurate, supports the payment and pricing
requested and is on file in the Division.

CERTIFICATION OF PAYMENTS TO SUBCONTRACTORS AND SUPPLIERS

Administrative Services

Exhibit C Required Not Required; subcontracting not authorized by COUNTY

Reviewer/Date:

Outcomes met for quarter? Yes, invoice not adjusted No, invoice adjusted Not Applicable

Submission of previously unbilled units: Y or N. If "Y", submit additional backup documentation to substantiate the unbilled units of service.

Are any disallowed units from previous monitoring visits or Medicaid or Medicare payments included in this
invoice? (Y or N. If "Y" then see p.2)

Comments:



Contracted Services Invoice

Agency Name: _____ Billing Period: _____ Contract #: _____
 Program Name: _____ Program #: _____

A. Grand Total Billed

Budget Line Item / Category Type	Total Cost per Category	Cumulative Year to Date Value	Annual Maximum	Available Balance	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
Total Authorized Value for This Month (to page 1, "A")					
Total Match Value for this Month					
Total Match & Leverage	Match	Leverage	Total Match/ Leverage	Total Program Income	Program Income
1 Total This Month				Total Program Income Received This Month	
2 Previous Month Year to Date				Total Program Income Used This Month	
3 Total Earned Year to Date				Total Program Income Remaining	

FY 20XX-20XX - (page 3 for Contracts with Match and Leverage)
 Board of County Commissioners, Human Services Department

Contracted Services Invoice - Match Tracking

Agency Name:	Billing Period:
Program Name:	Contract #:
C. Match Contribution	Program #:

1) Required Contribution: _____ \$ _____

2)	Budget Line Item / Category Type	Source of Match Funding	Total Match by Category	Previous Match Earned	Cumulative Year to Date Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTAL MATCH EARNED THIS MONTH					

3) Previous Match Earned (Line 4 From Previous Month) _____

4) Total Match Earned Year to Date _____

5) Remaining Match Balance (line 1 - 4) (negative balance indicates match exceeds requirements) \$ _____

I hereby affirm that the match described above adds to the organization's capacity to provide services in the above contract, and are not derived from any other Broward County grant or contract.

Signature: _____ Date: _____



Contracted Services Invoice - Leverage Tracking

Agency Name: _____

Billing Period: _____

Contract #: _____

Program Name: _____

Program #: _____

C. Leverage Contribution

1) Required Leverage Contribution: \$ _____ -

2)	Description of Leverage	Type and Source of Backup Documentation	Value of Leverage
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL LEVERAGE EARNED THIS MONTH -

3) Previous Leverage Earned (Line 4 From Previous Month) -

4) Total Earned Leverage Year to Date -

5) Remaining Leverage Balance (line 1 - 4) (negative balance indicates match exceeds requirements) \$ _____ -

I hereby affirm that the leverage described above adds to the organization's capacity to provide services in the above contract, and are not derived from any other Broward County grant or contract.

Signature: _____

Date: _____

HUD INVOICE TEMPLATE

Instructions

The Contracted Services Invoice is used by Agencies to request payment from the County for services provided in accordance with the Agreement. The Invoice will be pre-populated by the County with Agency specific information.

PROVIDER is responsible for the following:

- Selecting the appropriate billing period tab in the spreadsheet

Page 1

- Inputting the Name of the Approved Signator
- Inputting the Title of the Approved Signator
- Signing and dating the Contracted Services Invoice
- If applicable, inputting any necessary **Comments**.

Page 2

- Inputting the **Total Cost per Category** of the current month (Column Q)
- Inputting the **Total Program Income** received and expended for the current month (Column AD)

Page 3

- Selecting the appropriate **Budget Line Item/Category Type** from the drop down menu (Column AF)
- Inputting the corresponding **Source of Match Funding** for the current month (Column AH)
- Inputting the **Total Match by Category** amount for the current month (Column AJ)
- Signing and dating the **Contracted Services Invoice - Match Tracking Sheet**

Page 4

- Inputting the **Description of Leverage** for the current month (Column AR)
- Inputting the **Type and Source of Backup Documentation** of leverage for the current month (Column AT)
- Inputting the total **Value of Leverage** for the current month (Column AZ)
- Signing and dating the **Contracted Services Invoice - Leverage Tracking Sheet**

The Invoice must be submitted with required supporting documentation to ensure prompt payment. Incomplete or missing information will delay payment or may result in the return of the invoice. Should an invoice be returned, the revised invoice must be re-signed and re-dated.