**Instructions for completing and submitting-- Aging, Disability, and Veteran Services Division (ADVSD) Contractor Payment Request and Resource Summary (Exhibit 8)**

The PAYMENT REQUEST and RESOURCE SUMMARY (IH-08) serves as the monthly reimbursement request document and provides other resource information by service category. The invoice and back-up documents are due by the 10th working day of the month following the month of service. Back-up service data and invoice must match for payment to be processed in a timely manner by ADVSD. Follow this link to [Provider Forms](https://multco.us/ads/providers-and-program-forms)

**INSTRUCTIONS**

Fill in Agency Name, Address, and Agency Code.

For each service contracted with ADVSD, please list the following:

* Month and year of service
* Number of Billed Units - total services provided during report month

The units are documented on the following reports/documents:

(IH-10)– lists services by client for OPI or MPI services

* Unit Rate for service - current contracted rate of each service
* Total Amount - multiply the number of billed units times the unit rate.
* Program Income collected during report month

Program Income total matches program income by client (IH-16) and program income by District Center (IH-15)

* Payment Request - the Total Amount minus the Program Income

Sum and verify totals on TOTALS line for:

* Total Amount
* Program Income
* Payment Request

Include the name, title and phone of the person submitting the form to Aging, Disability, and Veteran Services.

Submit via encrypted email to: [ADS.contracts@multco.us](mailto:ADS.contracts@multco.us)

**CONTACT INFORMATION**

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