INVOICING PROCESS

Required information within invoice submission

- Cost of reimbursement
- Fee for services

Multnomah County

COST REIMBURSEMENT INVOICE

Multnomah County Health Department (MCHD) - Behavioral Health Division (BHD)				
EXHIBIT 6A – Monthly Cost Reimbursement Expenditure Report Form				
For Period:	7/1/2021	To	7/31/2021	
Contractor:			County Contract #:	
Address:			Contract Section:	
City,State, Zip:			Purchase Order #:	
			Invoice #:	
			Invoice Date:	
	Program/Service Name:			-

Required information for invoice processing:

- Period
- Contractor name, address, city, state, zip
- County contract number
- Contract section
- Purchase Order number
- Invoice number
- Unique Invoice Date
- Program/Service Name

Multnomah County

COST REIMBURSEMENT INVOICE

Cost Category	Approved Budget	Reimbursement Requested	YTD Expenditures	Available Balance
PERSONNEL				
Salaries & Wages	$0.00		$0.00	$0.00
Fringe	$0.00		$0.00	$0.00
SUBTOTAL PERSONNEL	**$0.00**	**$0.00**	**$0.00**	**$0.00**
MATERIAL & SERVICES				
Professional Services	$0.00		$0.00	$0.00
Printing	$0.00		$0.00	$0.00
Toxicology/Lab	$0.00		$0.00	$0.00
Communications	$0.00		$0.00	$0.00
Equipment Rental	$0.00		$0.00	$0.00
Space Rent (office)	$0.00		$0.00	$0.00
Utilities	$0.00		$0.00	$0.00
Postage	$0.00		$0.00	$0.00
Office Supplies	$0.00		$0.00	$0.00
Education & Training	$0.00		$0.00	$0.00
Mileage	$0.00		$0.00	$0.00
Vehicles	$0.00		$0.00	$0.00
Insurance	$0.00		$0.00	$0.00
Dues & Subscriptions	$0.00		$0.00	$0.00
Housing Operations for Supportive Housing and/or Transitional Housing models (rent, insurance, utilities, property management, etc.) Sattered site rental assistance where the lease is in the client's name belongs under line item 20.	$0.00		$0.00	$0.00
Other Materials and Services	$0.00		$0.00	$0.00
SUBTOTAL MATERIALS & SERVICES	**$0.00**	**$0.00**	**$0.00**	**$0.00**
INDIRECT FUNDS		0%		
Overhead/Admin	$0.00	$0.00	$0.00	$0.00
SUBTOTAL INDIRECT FUNDS	**$0.00**	**$0.00**	**$0.00**	**$0.00**
OTHER COSTS				
Client Assistance/Rent Assistance/Incentives	$0.00		$0.00	$0.00
Capital Expenditures	$0.00		$0.00	$0.00
Sub Contracts	$0.00		$0.00	$0.00
SUBTOTAL OTHER COSTS	**$0.00**	**$0.00**	**$0.00**	**$0.00**
LESS CLIENT BILLING/FEES (if applicable; please use negative value)			$0.00	$0.00
TOTALS	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Column ***Approved Budget*** - as per FY22 budgeted amounts

Column **Reimbursement Request** - monthly expenditure for the current reporting period

Columns **YTD Expenditures** and **Available Balance** - cumulative and formula driven data

Multnomah County

Please sign and date invoice, as well include contact details.

I understand that all expenditures reported are subject to audit and that all expenditures must be program related and allowable according to applicable cost principles and regulations.
I certify that I am an authorized representative of the above organization and that this statement of expenditures is accurate and true, to the best of my knowledge.

Signature:		**Date:**	
Print Name:		**Title:**	
Contact Person - Name (if different from Signer):			
Contact Person - Title:			
Phone Number:			
Email:			

Multnomah County

FEE FOR SERVICES INVOICE

- **When you submit FFS invoice, you must have the required data entered into the data system (CIM) in order for us to process your invoice.**
- **FFS invoicing must be submitted on a monthly basis.**
- **The agency is responsible for tracking the amount of available funding of your contract.**
- **BHD can not pay you for higher utilization than available in your contract.**

Required information for invoice processing:

- Contract Number
- Contract Section
- Service
- Invoice Number
- Invoice Date
- Dates of Service Range
- Organization name, address, city, state, zip
- Vendor number

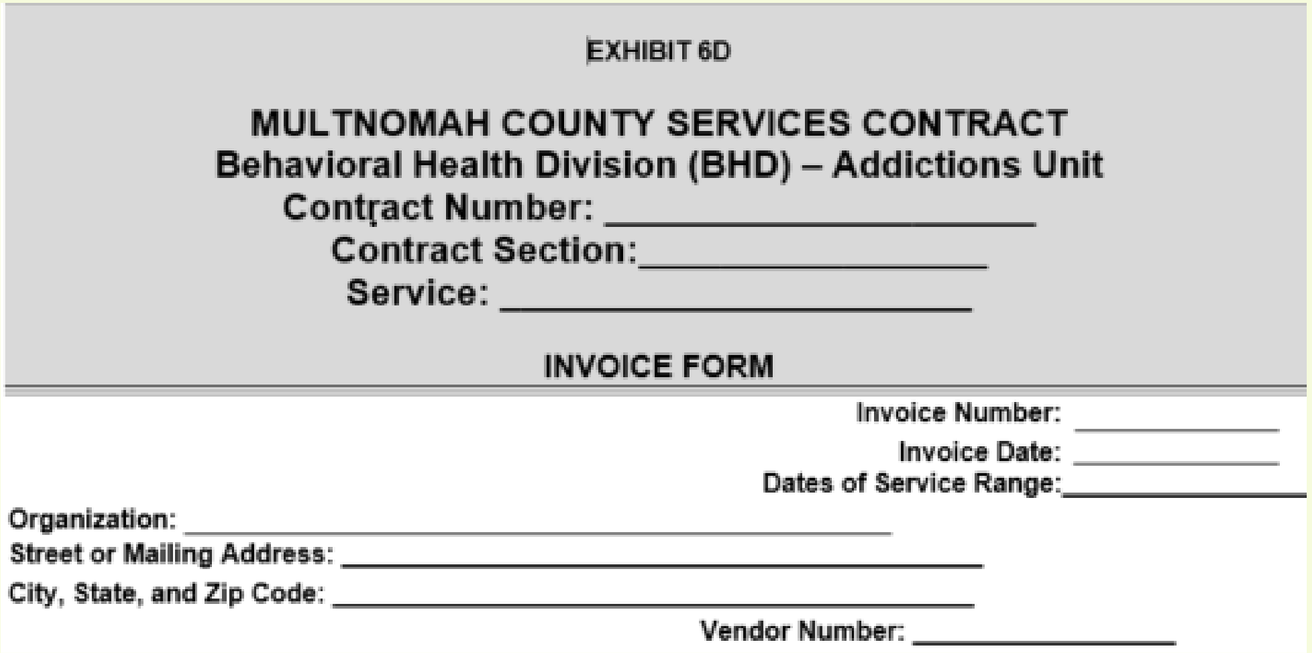

EXHIBIT 6D

MULTNOMAH COUNTY SERVICES CONTRACT
Behavioral Health Division (BHD) – Addictions Unit
Contract Number: _____
Contract Section:_____
Service: _____

INVOICE FORM

Invoice Number: _____
Invoice Date: _____
Dates of Service Range:_____

Organization: _____
Street or Mailing Address: _____
City, State, and Zip Code: _____
Vendor Number: _____

FEE FOR SERVICES INVOICE

Contract Section	Type or Description of Service	Date(s) of Service	# Units	Unit Rate	Total
				Grand Total:	

Contract Section – refers to Program Instruction number
Type or Description of Service – name of services
Dates of services – monthly period
 # Units – Client Service Days
Unit rate – per client service day as per Fee schedule/Code Guide
Total – total amount for given service
Grand total – cumulative amount for services given in reported period

Multnomah County

Please sign and date invoice, as well include contact details.

I hereby certify that I am authorized to prepare this invoice on behalf of

_____ (organization name). I further certify that the information provided on this invoice is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Printed Name: _____

Contract Person for Questions *(if different from signer)*: _____

Email: _____ **Phone:** _____

Multnomah County

INVOICE SUBMISSION BY EMAIL

Naming convention:

Month Year Invoice- Agency Name – Program Service Type (if email includes multiple services, list all service types)

Examples:

- September 2021 Invoice - BHD – Adult Outpatient
- September 2021 Invoice - BHD – Peer Mentor, Recovery Center

IMPORTANT:

- Please submit signed invoice in PDF, with attached Excel spreadsheet of Exibit 6A.
- If your invoices do not have all the required information, our business services team will not be able to process. We will contact you for the corrections.
- Invoices should be submitted for services rendered during a specific period (one month). Please do not submit invoices within or prior to the end of the month in which expenses were incurred.
- If your agency is not set up for direct payment, instructions on how to do it are in the Vendor ACH E-Payment Request Form. Receiving the electronic payment will speed up the payment process versus sending check and we highly recommend this.

Multnomah County

Cost reimbursement and Fee for Services invoices: Payment requests are due the 20th calendar day of the month following the month in which expenses were incurred.

Please send electronically to: bhap@multco.us and CC: assigned County Program Specialist.

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Please feel free to contacts us for any clarification or support you might need.

Multnomah County