

INVOICE

Table with 2 columns: Worker Name, Last 4 of SS#, Participant Name, SC Entity.

\*\*\*\*\* PAS SERVICE CODE(S) RENDERED \*\*\*\*\*

Table with columns: Date, START (Am Pm), END (Am Pm), HRS'S Wk'D, and Participant Daily Signature.

TOTAL HRS Wk'd \_\_\_\_\_

Contractor Acknowledgement:

I certify that this Service Invoice is an accurate representation of the PAS service(s) (coded as indicated) I was instructed to provide/render by the above named Consumer (My Common Law Employer).

Worker Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\* PARTICIPANT USE ONLY \*\*\*\*\*

By signing this Service Invoice, I verify that the PAS worker I hired (as identified above) rendered to my complete satisfaction all PAS services as directed by me (the Common Law Employer). Further that all PAS services were within the Type, Scope, Frequency, Amount and Duration as set forth in my ISP-Individual Service Plan. I hereby approve for payment all PAS services rendered as detailed on this Invoice. While I retain complete discretion as to who I accept/hire to render my services I also understand that it is my responsibility to directly supervise, schedule, direct, train and manage each PAS worker at all times during the dates/times I scheduled my PAS service provision.

APPROVED FOR FULL PAYMENT



APPROVED FOR PARTIAL PAYMENT



Explain Why: \_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

# INVOICE

## SPECIFIC INSTRUCTIONS:

EACH PAS WORKER was given a list of ALL APPROVED PAS SERVICE CODES specific to the Consumer (Common Law Employer) they were hired by. Each numeric service code rendered should be individually entered in the boxes just under the section titled "PAS SERVICES CODES RENDERED".

The PAS worker then should check –off each day/shift in which a given PAS service task was rendered.

**NOTE: IF YOU HAVE MISPLACED THE PAS SERVICE CODES FOR YOUR CONSUMER/COMMON LAW EMPLOYER PLEASE CONTACT YOUR UNLIMITED SERVICE COORDINATOR FOR ASSISTANCE.**

## Invoice submission instructions:

ALL PAS SERVICE INVOICES as well as ANY service delivery documentation (IF REQUIRED) MUST BE SUBMITTED TO AND RECEIVED BY UNLIMITED STAFFING SOLUTIONS INC PAS WORKER REGISTRY NO LATER THAN 12 NOON EACH MONDAY - WEDNSDAY OF EACH WEEK. IF YOUR INVOICE IS RECEIVED AFTER 12 NOON WEDNESDAY YOUR INVOICE WILL BE PROCESSED ON THE NEXT SCHEDULED PAYROLL PROCESSING DATE. ANY LATE INVOICES RUN THE RISK OF AND MAY RESULT IN A DELAY OF PAYMENT UNTIL THE NEXT SCHEDULED INVOICE PROCESSING AND/OR SCHEDULED PAY DATE.

**ALL ORIGINAL INVOICES MUST BE MAILED TO OR DROPPED OFF AT:**

**1610 W. MAIN ST., SUITE 210, COLLEGEVILLE, PA 19426**

**NO FAXES WILL BE ACCEPTED, NO EXCEPTIONS**

**UNLIMITED STAFFING SOLUTIONS IS NOT RESPONSIBLE FOR ANY DELAYS IN THE  
MAIL**

- ANY UNAUTHORIZED SERVICES OR FALSIFICATION WILL RESULT IN NON-PAYMENT AND MAY INCLUDE TERMINATION FROM THE REGISTRY
- ONLY ONE (1) CONSUMER PER INVOICE
- YOUR INVOICE AND ANY OTHER SERVICE DOCUMENTATION (IF REQUIRED) WILL BE SUBJECT TO A CURSORY REVIEW BY UNLIMITED STAFFING SOLUTIONS INC PAS WORKER REGISTRY TO ENSURE ACCURACY AND COMPLETENESS.
- ANY INCOMPLETE AND/OR INCORRECT INVOICES OR INCOMPLETE SERVICE DOCUMENTATION WILL BE RETURNED TO THE PAS WORKER (UNPROCESSED) UNTIL ALL CORRECTIONS ARE MADE AND RETURNED. THIS MAY RESULT IN A DELAY OF PAYMENT.