**Sourcing Event: 0000008693**

**Appendix A**

**Financial Counseling Invoice Template**

PROVIDER NAME:

PROVIDER ADDRESS:

PROVIDER PHONE NUMBER:

PROVIDER:

INVOICE NUMBER:

PO NUMBER:

WORK PLAN:

MONTH AND YEAR OF SERVICE:

DATE OF INVOICE SUBMISSION:

|  |  |
| --- | --- |
| **Line Item Description** | **Amount** |
| Financial Counseling Service Hours Total |  |
| Financial Counseling Overhead (% of Counseling Hours) |  |
| Allowable Expenses |  |
| **Total** |  |

**Financial Counseling Service Hour Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Rate** | **Hours** | **Cost** |
| One-on-one Financial Counseling |  |  |  |
| Tenured Counseling |  |  |  |
| Bilingual/Multilingual Counseling |  |  |  |
| Client Advocacy |  |  |  |
| Outreach work |  |  |  |
| **Total** |  |  |  |

**Allowable Expenses Details**

|  |  |  |
| --- | --- | --- |
| **Line Item** | **Amount** | **Cost** |
| NACCC certification |  |  |
| Credit reports |  |  |
| ChexAdvisor reports |  |  |
| **Total** |  |  |

**Activity Log: Client Advocacy Hour Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hours** | **Advocacy Activity description** | **Client ID** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |