Agency Name
Agency Address
City, FL, 12345
(123)456-7890

Invoice Number: 1234567890 Date of Invoice: _____

Name and Address of Payee
Address
City, FL, 12345

AP Vendor ID: 12345 Payee
FSFN Payee ID: 12345
Contract ID: FSFN12345 (contract)

Client ID	Name of Child	Service Type	Units	Period	County	Total
Total						$1,534.00

I certify that goods and services itemized on this authorization invoice have been provided.
Review and Approval Accuracy of all accounting information has been verified.

Name –Title (Print) _____ Signature Date

Comment [KKB1]: Prefilled from the Invoice Number associated with the Manual check

Comment [KKB2]: Date in which the Invoice was created.

Comment [KKB3]: Name and Address of the Payee where the check was written to.

Comment [KKB4]: Agency ID of the Fiscal Agency that wrote the check.

Comment [KKB5]: FSFN Payee ID- System identifier

Comment [KKB6]: Contract ID that is associated to the Provider for Services. Only one will populate. If there are multiple the contract ID associated with the payment that has the greatest amount will be populated.
User Editable

Comment [KKB7]: List only one of the following. The system should look for the data in the following order: SSN, Other State ID, or FSFN ID

Comment [KKB8]: Name of the child Associated to the Payment Line

Comment [KKB9]: Service Type Associated to the Payment Line

Comment [KKB10]: Number of days/units Associated to the Payment Line

Comment [KKB11]: Period of the Payment Line (Payment Service Begin-End Date)

Comment [KKB12]: County that is Associated to the Payment Line

Comment [KKB13]: Payment Total

Comment [KKB14]: Total Amount of Invoice. Total Field will only appear on the last page.

Comment [KKB15]: Name of worker who approved the invoice

Comment [KKB16]: Date the invoice was approved.