

Aloha CCFFH Operators,

Please be reminded that you are responsible to send your monthly invoices to the Client's Legal Representative. You can send invoices as early as the 20th to give enough time for the Client's Legal Representative to send out payments, which is due on the 5th of the month. You may use this template for your monthly billing statement. Fill out Invoice Number, Invoice Date, Date of Service (Month & Year), Amounts for Room & Board & the Service Fee, Complete the totals, and don't forget your signature.

We strongly advise that you make copies for your records. Digital copy of the CCFFH Invoice Template in word and PDF format is available for download at our website, www.ai-cmc.com.

Thank you -- AICMC

How to determine prorated amount:

In order to calculate the prorated amount you must take the **total amount due** and **divide it by the number of days in the month** to determine a **daily amount**. You then **multiply the daily amount by the number of days to be charged**.

ex: **January 16th to 31st (16 days)**

Room and Board: \$1,500 / 31 days in January = \$48.39 per day

\$48.39 per day x 16 days = **\$774.24 prorated Room and Board**

SAMPLE OF INVOICE (Word file)

Invoice number reference: Invoice for **DOE, JANE** for June 2020

DOJA 20-06

ALOHA LANI ADULT FOSTER HOME		INVOICE	
000 Alapine St., Waipahu, HI 96797 Tel: (808) 123-4567			
John Doe 000 Address City, State, Zip jdoe000@gmail.com		CLIENT	DOE, JANE
		INVOICE NO	DOJA 20-06
		DATE	01/15/2020
		DUE DATE	Upon Receipt
CCFFH INVOICE			
DATE OF SERVICE	DESCRIPTION	MONTHLY FEE	AMOUNT
January 16-31, 2020	Room and Board 16 days x \$48.39 per day ¹	Prorated	774.24
	Caregiver's Service Fee 16 days x \$112.90 per day ²	Prorated	1,806.40
SUBTOTAL			2,580.64
TAX			
TOTAL DUE			\$2,580.64

Aloha Lani
CCFFH Operator

Make check payable to: **Aloha Lani – Mailing address if different from above**
Please keep statements for your records.
We appreciate your prompt payment. Thank you for your continued trust!

¹ \$48.39 per day = \$1,500.00 Room and Board divided by 30 days in January
² \$112.90 per day = \$3,500 Caregiver's Service Fee divided by 30 days in June

Right click and click "Update Field" to auto calculate