



# **Invoicing 101 for CCMU Grantees**



# Invoice Form Template

**CCMU IMPLEMENTATION ROUND 1 INVOICE TEMPLATE**  
EMAIL COMPLETED INVOICE AND RECEIPTS FOR EQUIPMENT, IF APPLICABLE, TO  
[IMPLEMENTATIONR1INVOICES@AHPNET.COM](mailto:IMPLEMENTATIONR1INVOICES@AHPNET.COM)

## Steps

1

Advocates For Human Potential, Inc.  
CCMU Implementation Round 1 Invoice Template  
Grantee Quarterly Deliverables Invoice  
Please delete all instructional text highlighted in yellow **BEFORE** submitting

2

Agency Name:		
Address:		
Submitted by name:		
Submitted by email:		
Telephone #:		
Project #: 7460.01		
<input type="button" value="Click here to choose your quarter"/>	<b>Equipment (BHCIP)</b>	<b>Deliverable Amount (per contract)</b>
7460.01-002-0000	Include equipment you purchased here with BHCIP funds. If you did not purchase equipment this quarter, please delete this text before submitting. Do not replace with "no equipment purchased" If you have equipment, please list it as: 1 laptop at \$332.53 2 desks at \$151.21 etc.]	Please add BHCIP equipment total here If you did not purchase equipment in this quarter please delete this text before submitting Do not replace with 0
7460.01-002-0001	<b>Equipment (CRRSAA)</b>	<b>Deliverable Amount (per contract)</b>
	Include equipment you purchased here with CRRSAA funds. If you did not purchase equipment this quarter, please delete this text before submitting. Do not replace with "no equipment purchased" If you have equipment, please list it as: 1 laptop at \$332.53 2 desks at \$151.21 etc.]	Please add CRRSAA equipment total here. If you did not purchase equipment in this quarter, please delete this text before submitting. Do not replace with \$0.
	<b>Deliverable Description</b> <i>The text below is part of the template. DO NOT DELETE OR EDIT. If any items below are not included in your contract SOW, please leave as is.</i>	<b>Deliverable Amount</b> (per contract)
	<b>INFRASTRUCTURE (Behavioral Health Continuum Infrastructure Program (BHCIP) Funds)</b>	
	<b>Activities/Deliverables That Build the CCMU Infrastructure</b>	

3



# Invoice Form Template

## Steps

4

5

CCMU IMPLEMENTATION ROUND 1 INVOICE TEMPLATE		
EMAIL COMPLETED INVOICE AND RECEIPTS FOR EQUIPMENT, IF APPLICABLE, TO <a href="mailto:IMPLEMENTATIONR1INVOICES@AHPNET.COM">IMPLEMENTATIONR1INVOICES@AHPNET.COM</a>		
7460.01-002-0000	a. Vehicle-Related Costs for CCMU b. Field Communications for CCMU c. Dispatch of CCMU Teams d. Trainings e. Coordination and Planning Activities with Local and Regional Organizations and/or to Manage Multiple CCMUs f. Developing Peer Supports Within Crisis Services g. Marketing for CCMU Services h. Submit Data Collection, Analysis, and Quarterly Reporting for CCMU	
7460.01-002-0001	<b>DIRECT SERVICES (Coronavirus Response and Relief Services Appropriation Act [CRRSAA] Funds)</b> a. Deliver Mobile Crisis Response Services Through ## Number of Teams.	
	<b>Total Amount Due</b>	Add total from attachment E of payment schedule for the quarter here found in your contract please delete this text before submitting.
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Subcontractor Signature		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date		
Email completed invoice and documentation of purchase for equipment, if applicable to: <a href="mailto:IMPLEMENTATIONR1INVOICES@AHPNET.COM">IMPLEMENTATIONR1INVOICES@AHPNET.COM</a>		
No invoice will be approved for payment if AHP does not have your executed Subcontractor Agreement and signed W-9 on file and completed Quarterly Report.		



# Invoicing Steps

**1. Complete the top portion of the invoice with your agency name, address, phone number, submitters name & email.**

**2. Fill out Equipment/Property Purchases.**

- Enter your equipment description under “BHCIP Equipment”. If you do not have any equipment purchases this quarter, delete the instructions and leave the field blank
- Enter your equipment total in the field marked “Deliverable Amount”. Make sure you are entering the amount in the BHCIP section. **There should be nothing entered in the CRRSAA equipment field**
- Make sure your receipts are in chronological order and highlighted to easily identify the receipt to the invoice form
- Equipment totals must match exactly what is stated on your receipt



## Invoicing Steps (Continued)

3. Match the total **Deliverable Amount** **EXACTLY** as it appears in your SOW
4. Add the totals of the Equipment Section and the Deliverable Description Section. Please **DO NOT** subtract the equipment total from the deliverable section. They are in two separate payment buckets on your payment schedule (**refer to Attachment E**).
5. Please make sure to sign and date the invoice

# Receipts Submission (1 of 2)

- All receipts for equipment and gas costs should match the total purchases listed in the invoice **exactly**.
  - If you billed for an item on your SOW under equipment and **did not purchase** that item, **do not** include it in your invoice
  - Only include items you bought that quarter in the Equipment/Property section
    - **Example:** If you bought 2 iPads this quarter you would write: “2 iPads at \$200 each = \$400” and submit the receipt that says it was \$400 highlighted in the attachments.
    - PLACE RECEIPTS IN **CHRONOLOGICAL ORDER** OF PURCHASE DATE.
- The receipts should be INCLUDED in the same document as the Invoice form. Only **ONE PDF** with all attachments (invoice form + receipts) should be sent to accounts payable. DO NOT send invoice and receipts separately. It will be sent back as a rejection if sent separately.

## Receipt Submission (2 of 2)

- If there is a receipt with multiple items that are **NOT** being billed to this project, please **highlight the items and costs associated with this project** so that we can easily match the relevant items on the receipt to the costs listed on your invoice form.
- “If you are only billing part of an equipment purchase to this project, please note on the receipt how much is being billed.
  - **Example:** If there are 25 laptops purchased but only 3 are for Mobile Crisis, please note that on the receipt, with the total for those 3 laptops.”
- “If you incur an expense that exceeds your equipment budget, please remember to **ONLY** bill for the amount of \$ remaining in your budget. **NOTE THIS** on both the invoice form **AND** receipt that only **\$X is being billed to the project.**”

# Example of Contract & Invoice

## FROM CONTRACT

		<p><b>Quarterly and Final Reporting (\$0.00)</b></p> <ul style="list-style-type: none"> <li>Submit quarterly report</li> </ul>		
2.	7460.01-003 Quarter 3 4/1/22-6/30/22	<p><b>Activities/Deliverables</b></p> <p><b>a. Direct Services Co-Responder Program (\$17,500.00)</b></p> <ul style="list-style-type: none"> <li>Provide a stipend of \$3,500 per quarter to five (5) existing clinicians to become trained in Nonviolent Crisis Intervention (NCI) and train community partners and staff.</li> </ul> <p><b>Technology Support to Teams (\$2,895.00)</b></p> <ul style="list-style-type: none"> <li>Purchase MyCare Portal Access for thirty (30) users @ \$5.50 each per month</li> <li>Purchase MyCare Portal Clinician Software License for five (5) users @ \$35.00 per license per month</li> <li>Purchase MyCare First Responder Software License for twenty (20) users @ \$25.00 per license per month</li> </ul> <p><b>b. Capacity Building Training (\$22,500.00)</b></p> <ul style="list-style-type: none"> <li>Provide a stipend of \$3,500 per quarter to five (5) existing clinicians to train community partners and staff in NCI.</li> <li>Provide training for forty (40) individuals on "Nonviolent Crisis Intervention."</li> </ul> <p><b>Collaboration, Coordination, and Planning with System Partners (\$1,920.00)</b></p> <ul style="list-style-type: none"> <li>Hire three (3) consultants with title of Project Partners at eighty dollars (\$80.00) per hour for fifteen (15) hours per week to develop and finalized MOUs</li> <li>Assign three (3) part time employees working two percent (2%) time to attend monthly task force meeting</li> </ul> <p><b>Resource Development (marketing, sustainability, outreach) (\$6,000.00)</b></p> <ul style="list-style-type: none"> <li>Purchase printed promotional materials including training materials, and course booklets on nonviolent crisis intervention and training</li> <li>Create and host online info session</li> </ul> <p><b>Coaching and Learning Collaborative</b></p> <ul style="list-style-type: none"> <li>Attend monthly coaching calls and quarterly learning collaborative.</li> </ul> <p><b>Quarterly and Final Reporting</b></p> <ul style="list-style-type: none"> <li>Submit quarterly report</li> </ul>	\$50,815.00	6/30/22

## INVOICE

<p><b>Quarter 3 (April 1, 2022 - June 30, 2022)</b></p> <p>7460.01-003</p>	<p><b>Equipment/Property Purchases</b></p> <p>Ipad @ \$315.00 each (x 36) \$11,340.00                  Ipad case @ \$20.00 each (x36) \$720.00                  IpadDefender Covers @ \$58.95 each +tax (x5) \$322.75</p>	<p><b>Deliverable Amount (per contract)</b></p> <p>\$ 12,382.75</p>
<p><b>Deliverable Description</b></p> <p><i>The text below is part of the template. DO NOT DELETE OR EDIT. If any items below are not included in your contract SOW, please leave as outlined below.</i></p>		<p><b>Deliverable Amount (per contract)</b></p>
<p><b>Activities/Deliverables</b></p> <p><b>a. Project Implementation Plan</b></p> <p><b>b. Administrative Staffing and Personnel</b></p> <p><b>c. Direct Services:</b></p> <ul style="list-style-type: none"> <li>School-based Interventions</li> <li>College or University Based Interventions</li> <li>Reentry Interventions</li> <li>Co-Response Interventions</li> <li>Technology Support to Teams</li> </ul> <p><b>d. Capacity Building:</b></p> <ul style="list-style-type: none"> <li>Training</li> <li>CPI Non-Violent &amp; Crisis Intervention</li> <li>Collaboration, coordination, and planning with system partners</li> <li>Office supplies</li> <li>Needs Assessment/Gap Analysis</li> <li>Resource Development (marketing, sustainability, outreach)</li> </ul>		<p>\$ 50,815.00</p>

- The Deliverable amount was copied EXACTLY to the invoice (red oval)
- Equipment cost were mentioned in detail and receipts provided (purple oval + next slide)



# Receipts

MyCare IS Solutions LLC

## Invoice

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSURE
041527	05/26/2022	\$12,060.00	06/25/2022	Net 30	

**P.O. NUMBER**  
CCBHC (HARDWARE ONLY)

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
05/25/2022	IPad Usage Fee	Current Version	36	315.00	11,340.00
05/25/2022	IPad Cases		36	20.00	720.00

Tax Exempt Status On File

BALANCE DUE

**\$12,060.00**

Thank you for your business!

PAID

amazon.com

Final Details for Order

Order Placed  
Amazon.com  
Order Total

Shipped on March 15, 2022

### Items Ordered

5 of: OTTERBOX DEFENDER SERIES Case for iPad 7th, 8th & 9th Gen (10.2" Display - 2019, 2020 & 2021 version) - BLACK \$58.95  
Sold by: Amazon.com Services LLC

Condition: New

### Shipping Address:

Shipping Speed:  
FREE Prime Delivery

### Payment information

Payment Method:  
American Express

Billing address

Item(s) Subtotal: \$294.75  
Shipping & Handling: \$0.00  
Total before tax: \$294.75  
Estimated tax to be collected: \$28.00

Grand Total: **\$ 322.75**

Credit Card transactions

AmericanExpress ending in 2027: March 15, 2022: \$322.75

To view the status of your order, return to [Order Summary](#).

- Receipt totals match invoice from previous slides.
- Receipts highlighted to easily verify totals.
- Invoice form & Receipts packed in one PDF.



# Double Check Your Work!

## 1. Verify that the amounts you invoiced for are correct:

- Total quarterly amount was copied EXACTLY from your executed contract to your invoice
- You only included equipment you purchased that quarter to the invoice
- Equipment you purchased has receipts attached (all in one PDF with the invoice form)
- Quarterly amount + equipment total add up correctly
- All receipts total the amount you listed in equipment costs on the invoice form above

2. Make sure to sign and date the invoice where indicated (on slide 5 of this presentation, this is step #5)

3. Send completed invoice to [implementationr1invoices@ahpnet.com](mailto:implementationr1invoices@ahpnet.com)

# FAQs (Slide 1 of 2)

## 1. When can I start submitting invoices?

You can submit an invoice once your contract has been executed and you have made progress towards the deliverables listed in the first quarter of your SOW.

## 2. I added equipment in quarter 1 on my original contract, but want to move it to another quarter?

Your equipment total gets separated into its own bucket. In **attachment E**, you will see that all your equipment from each quarter gets added together. We understand changes come up when you want to purchase equipment (such as shopping around for cheaper rates or realizing you no longer need the equipment but need something else for the grant). You can move these funds around as you choose. However, unused funds will not be cashed out at the end of the grant cycle.

### ATTACHMENT E PAYMENT SCHEDULE

#### SUBCONTRACTOR FUNDING/BUDGET YEAR ONE

Description	Invoice Description	Amount Estimated
Equipment	Upon Completion of purchase with receipt for goods/equipment	\$11,000.00
<b>Total Equipment</b>		<b>\$11,000.00</b>

Quarter #/Date Range	Invoice Description	Amount of Invoice
9/30/21	Completion of Deliverable 1	\$23,818.50
Quarter 1: 07/01/21 – 9/30/21	Progress Report detailing progress made towards Deliverable 2	\$12,818.50
Quarter 2: 10/01/21 – 12/31/21	Progress Report detailing progress made towards Deliverable 3	\$81,440.00
Quarter 3: 01/01/22 – 3/31/22	Progress Report detailing progress made towards Deliverable 4	\$81,440.00
Quarter 4: 04/01/22 – 6/30/22	Progress Report detailing progress made towards Deliverable 5	\$83,440.00
<b>Total Deliverables and Other Directs</b>		<b>\$282,957.00</b>
<b>Total Deliverables, Other Direct and Equipment</b>		<b>\$293,957.00</b>

#### PAYMENT SCHEDULE SUBCONTRACTOR FUNDING/BUDGET

Quarter #/Date Range	Invoice Description	Amount of Invoice
Quarter 1: 07/01/22 – 9/30/22	Progress Report detailing progress made towards Deliverable 1	\$76,265.00
Quarter 2: 10/01/22 – 12/31/22	Progress Report detailing progress made towards Deliverable 2	\$76,265.00
Quarter 3: 01/01/23 – 2/14/23	Progress Report detailing progress made towards Deliverable 3	\$53,513.00
<b>Total Deliverables and Other Directs</b>		<b>\$206,043.00</b>



## FAQs (Slide 2 of 2)

### 3. I billed for a laptop for \$500 in quarter 1, but only spent \$400. Will this money be transferred?

The amount you invoice **MUST** match the amount on your receipt. If the laptop was only \$400, please make sure you only invoice \$400. The receipt must be attached for your equipment when submitting your invoice. Don't worry – the remaining \$100 will still be in your equipment bucket (refer to image on slide 11 for image of equipment breakout).

If you don't purchase equipment that quarter, don't add anything to your invoice. We **DO NOT** need you to put \$0 for equipment on the invoice. We are monitoring your spending for equipment on our end.

### 4. When will I get paid after submitting the invoice?

Payment terms are 10 business days **after the invoice has been approved by AHP**. It is **not** 10 business days after you submit the invoice, as we need time to review the invoice on our end through our Project Director, Grantee Liaison and Accounting end. *If you have a rejected invoice, it will be sent back to you with an explanation on what needs to be corrected and further delay the approval process so please be sure to follow all the steps in this presentation correctly to be paid in a timely manner.*



**Advocates for Human Potential, Inc.**  
Real World Solutions for Systems Change

[ahpnet.com](http://ahpnet.com)

# AHP Billing Resource

Questions or concerns regarding AHP's invoicing and payment process should be directed towards your assigned Grantee Liaison or Implementation Specialist.

Final Submission of invoice should be emailed to:  
**[implementationr1invoices@ahpnet.com](mailto:implementationr1invoices@ahpnet.com)**



## **CORPORATE HEADQUARTERS**

490-B Boston Post Road  
Sudbury, MA 01776  
Telephone: 978.443.0055



## **OTHER OFFICES**

### **CALIFORNIA**

131 N. El Molino  
Suite 380  
Pasadena, CA 91101  
Telephone: 323.431.5617

### **ILLINOIS**

1021 West Adams Street  
Suite 303  
Chicago, IL 60607  
Telephone: 312.376.0595