



Vendor/Independent Contractor Invoice Tracking Form 1

This Form – or a similar form of your own making – should be used to assist you in submitting your payroll correctly and help you keep track of each service you have purchased from vendors and independent contractors, and when you paid them for that service. Complete this form whenever you receive an invoice from a vendor or independent contractor and submit it for payment.

Print Participant's Name: Vendor/Independent Contractor: Mailing Address:								Participant ID #: CDC+ Provider ID #: City, State, Zip:																					
															Date Invoice Received	Date of Invoice Invoice #	Year of Service Month of Service	First Day of Service	Last Day of Service	Service Code	Plan Section	EBU Yes or No	# of Hrs/ Units Pro- vided	Invoice / Payment Amount	How Submitted Tracking Number	Date Submitted By whom (Initials)	Date Check or EFT copy received	Check #	Date Check or EFT to Vendor
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