

**Initial Person-Centered Plan (Service Code 024) and General Self-Directed Supports (Service Code 099) – Sample Invoice Template**

Name:  
 Address:  
 Phone Number:  
 Hourly Billing Rate:

Name of Participant:  
 UCI Number:  
 Regional Center:

Month/Year:

Date	Specific Service/Task	Time by Task	Cost of Task
X/X/XXXX	Service/Task 1: Description of service/task performed.	Amount of time spent on service/task	Amount of time x hourly billing rate
X/X/XXXX	Service/Task 1: Description of service/task performed.	Amount of time spent on service/task	Amount of time x hourly billing rate
		Total Hours	Total Cost

**Acceptable examples** (based on an hourly rate of \$50)

Date	Specific Service/Task	Time by Task	Cost of Task
7/14/2023	Met with individual to draft spending plan.	1.75 hours	\$87.50
7/25/2023	Contacted a potential provider to determine availability to provide services.	0.50 hours	\$25.00
		Total Hours: 2.25	Total Cost: \$112.50

**Non-acceptable examples**

Date	Specific Service/Task	Time by Task	Cost of Task
7/2023	Provided pre-enrollment transition supports.	12.75 hours	\$637.50
7/2023	Monthly pre-enrollment services.	As needed	\$500.00 monthly fee