

CLIENT SERVICE INVOICE
New Jersey SPIRIT

CP&P Use Only Entered By (Creator) Date	OFFICE Information	[1] Local Office of Charge	[1A] Cost Center	[2] Local Office PHONE ()
		[3] Office MAILING ADDRESS	Street	City State Zip NJ

RESOURCE	[4] Resource NAME	[5] NJS Resource ID	[6] Resource FEIN/SSN and -LOCATION code	[7] Resource Contact PHONE ()
	CHECK HERE IF THIS IS A NEW MAILING ADDRESS	[8] Resource MAILING ADDRESS	Mailing Street Address	City State Zip
	CP&P INVOICE NUMBER	[9] Invoice DATE submitted to CP&P / /	[10] Total No. of Line Items on this invoice	[11] Total AMOUNT of this invoice \$.

CASE Information	Clients must be within 1 family (CP&P NJ SPIRIT Case ID number) on this invoice. Use a new K-100 form for each family Case ID.	[12] Case NAME	[13] NJS Case ID number
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Line Item ①	[14] Participant (Client) Last NAME	First Name	MI	[15] Participant ID	[16] Service Summary (Description of service)	CP&P Use Only Is this Line Item APPROVED? Yes <input type="checkbox"/> Payment Approved No <input type="checkbox"/> Disapproved			
	[17A] Court Ordered?	[17B] Court Order Date	[18] No. of Units	[19] Payment FROM	[20] Payment TO		[21] Unit Type	[22] Unit Rate	[23] Line Item Total AMOUNT
	No <input type="checkbox"/> Yes <input type="checkbox"/>	/ /	/ /	/ /	/ /			\$.	\$.
[24] Service Days: Place an 'X' on the day(s) of the month below, to indicate the specific dates when the service was provided.									
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31									

Line Item ②	[14] Participant (Client) Last NAME	First Name	MI	[15] Participant ID	[16] Service Summary (Description of service)	CP&P Use Only Is this Line Item APPROVED? Yes <input type="checkbox"/> Payment Approved No <input type="checkbox"/> Disapproved			
	[17A] Court Ordered?	[17B] Court Order Date	[18] No. of Units	[19] Payment FROM	[20] Payment TO		[21] Unit Type	[22] Unit Rate	[23] Line Item Total AMOUNT
	No <input type="checkbox"/> Yes <input type="checkbox"/>	/ /	/ /	/ /	/ /			\$.	\$.
[24] Service Days: Place an 'X' on the day(s) of the month below, to indicate the specific dates when the service was provided.									
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Line Item ③	[14] Participant (Client) Last NAME	First Name	MI	[15] Participant ID	[16] Service Summary (Description of service)	CP&P Use Only Is this Line Item APPROVED? Yes <input type="checkbox"/> Payment Approved No <input type="checkbox"/> Disapproved			
	[17A] Court Ordered?	[17B] Court Order Date	[18] No. of Units	[19] Payment FROM	[20] Payment TO		[21] Unit Type	[22] Unit Rate	[23] Line Item Total AMOUNT
	No <input type="checkbox"/> Yes <input type="checkbox"/>	/ /	/ /	/ /	/ /			\$.	\$.
[24] Service Days: Place an 'X' on the day(s) of the month below, to indicate the specific dates when the service was provided.									
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Line Item ④	[14] Participant (Client) Last NAME	First Name	MI	[15] Participant ID	[16] Service Summary (Description of service)	CP&P Use Only Is this Line Item APPROVED? Yes <input type="checkbox"/> Payment Approved No <input type="checkbox"/> Disapproved			
	[17A] Court Ordered?	[17B] Court Order Date	[18] No. of Units	[19] Payment FROM	[20] Payment TO		[21] Unit Type	[22] Unit Rate	[23] Line Item Total AMOUNT
	No <input type="checkbox"/> Yes <input type="checkbox"/>	/ /	/ /	/ /	/ /			\$.	\$.
[24] Service Days: Place an 'X' on the day(s) of the month below, to indicate the specific dates when the service was provided.									
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31									

For prompt processing of payment: Submit K-100 Client Service Invoices **monthly** and within 15 days after the last date(s) of service indicated above.

Payee (Resource) Declaration: I certify that this invoice is correct in all its particulars that described goods or services have been furnished or rendered and that no bonus has been given or received on account of said service.

_____/_____/_____
Payee (Resource) Signature Title Date signed

PAYEE, Mail completed K-100 Client Service Invoice (green & yellow copies) to the CP&P Local Office identified in box [1] at the address shown in box [3] above.

CP&P Local Office CERTIFICATION: I certify that this service invoice is correct and just and payment is approved for each line item as indicated above.

_____/_____/_____
Caseworker Signature Date certified

→ **ALL PARTIES:** Retain the proper copy for your records. GREEN original–Trenton, Office of Accounting / YELLOW copy–Local Office / PINK copy–PAYEE Resource ←

CP&P Form K-100 (back)
(Revised 8/2012)

**Instructions for Completing CP&P Form K-100
Client Service Invoice**

Box Number & Name – Description / Instruction

- [1] Local Office of Charge – the official name of the CP&P Local Office to which this invoice should be sent *(to be supplied by Caseworker)*
- [1A] Cost Center
- [2] Local Office PHONE – the contact phone number in the CP&P Local Office where the Resource may call with questions *(supplied by Caseworker)*
- [3] Office MAILING ADDRESS – the mailing address of the Local Office to which this invoice should be sent for payment processing
- [4] Resource NAME – Enter the official name of the Resource home, agency, or vendor who provided the services itemized on this invoice as it appears on the Resource's contract or service agreement and in the NJ Spirit system
- [5] NJS Resource ID –Enter the Resource's New Jersey Spirit (NJS) system assigned ID number *(to be supplied by Caseworker)*
- [6] Resource FEIN/SSN and LOCATION code – Enter the 9 digit Federal ID or Social Security Number followed by the 2 digit Location number, exactly as it appears on the Resource's contract or service agreement and in the NJ Spirit system. Example: 123456789 – 02
- [7] Resource Contact PHONE – Enter the contact phone number for the Resource where the Local Office staff may call with questions
- [8] Resource MAILING ADDRESS – Enter the full and complete mailing address of the Resource as it appears in the Resource's contract or service agreement. Enter Foreign County instead of State. *Notes: the mailing address will be verified with the address found in NJ Spirit and/or NJ Treasury payment systems. Undeliverable mail will not be forwarded.*
- [9] Invoice DATE submitted to CP&P – Enter the date when the invoice is sent to the CP&P Local Office
- [10] Total Number of Line Items on this invoice – Enter the number of completed line items on the invoice that are to be claimed for payment
- [11] Total AMOUNT of this entire invoice – Add the amounts shown in box [23] Total Amount for each line item and enter the overall total invoice amount
- [12] Case NAME – Enter the CP&P NJ Sprit case name assigned to the family for whom payment is requested. The Case Name must be written exactly as to has been assigned by CP&P. *(to be supplied by Caseworker)*
- [13] NJS Case ID number – Enter the CP&P NJ Spirit case number assigned to the family for whom payment is requested. The Case ID must be written exactly as it has been assigned by CP&P. *(to be supplied by Caseworker)*
- [14] Participant (Client) Last Name, First Name, MI – enter the FULL last name, first name, middle initial of the client for whom payment is requested. The Participant Name must be printed exactly as it has been entered in the NJ Spirit system.
- [15] Participant ID – Enter the CP&P NJ Spirit participant number assigned to the client for whom payment is requested. The Participant ID must be entered exactly as it has been assigned by CP&P. *(to be supplied by Caseworker)*
- [16] Service Summary (Description of Service) – briefly describe the service provided in the Resource's contract or service agreement.
- [17A] Court Ordered? – **Entered by CP&P Local Office staff** Check the appropriate 'Yes' or 'No' box to indicate when the service to be paid is / is not court ordered.
- [17B] Court Order Date – **Entered by CP&P Local Office staff** When the service is court ordered (box 17A is 'Yes'), the associated date of the court order must be entered.
- [18] No. of Units – Enter the total number of units of service provided to the client.
- [19] Payment FROM – Enter the first day (month/day/year) of service for which payment is requested
- [20] Payment TO – Enter the last day (month/day/year) of service for which payment is requested
- [21] Unit Type – Enter the word that best represents the type of unit on which payment is based: Unit /Episode, Day, Hour, Miles, Session, etc.
- [22] Unit Rate – Enter the cost per unit type as it appears in the Resource's contract or service agreement.
- [23] Line Item Total AMOUNT – Enter the total amount requested for the line item. The total amount must equal box [18] No. of Units X box [22] Unit Rate, rounded to the nearest cent.

Payment FROM and TO dates must fall within the same month

Examples	CP&P Invoice Number	[10] No. of Line Items	[11] Total Amount of Invoice	Line Item	[16] Service Summary (Description of service)	[18] No. of Units	[21] Unit Type	[22] Unit Rate	[23] Line Item Total Amount
1. Psychiatric assessment and therapy for 1 child	D12345	2	\$1012.50	1	Psychiatric Assessment	1	Unit	\$750.00	\$750.00
				2	Individual Psychiatric Counseling	3	Sessions	\$87.50	\$262.50
2. Homemaker services at \$10/hr for 7 ½ hours for 3 children in the same family. (Entry is split among the 3 children to itemize the total cost of service)	C54321	3	\$75.00	1	Homemaker services	2.5	Hours	\$10.00	\$25.00
				2	Homemaker services	2.5	Hours	\$10.00	\$25.00
				3	Homemaker services	2.5	Hours	\$10.00	\$25.00

[24] Service Days: 1-31 – Place an 'X' on the day(s) of the month, to indicate the specific dates when the service was provided.

Payee Declaration: the Payee (Resource) must sign and date the form before it is submitted to the CP&P Local Office for payment
Payee / Resource, please contact the CP&P Local Office identified on the front (boxes [1] and [2]) with any questions regarding this form.

CP&P Use Only Entered By and Date – the person who entered the data should initial and date the top left corner of the form when all information has been entered into the NJ Spirit computer system

CP&P Use Only Is this Line Item **APPROVED?** – After reviewing each line item payment request, the CP&P Local Office caseworker/supervisor should check the appropriate 'Yes' or 'No' box to indicate that the line item is approved or disapproved for payment.

CP&P Local Office Certification: - The Local Office Manager and Caseworker/Supervisor must each sign and date the form before the original GREEN copy is forwarded to Trenton, Office of Accounting

SAMPLE