



Enhanced Individualised Funding Invoice Template

Submit to: ifpayments@psn.org.nz or fax (09)8350310

Name of Client		Name of Agent	
Date		Invoice Number	
Payment made to	<input type="checkbox"/> Client/agent <input type="checkbox"/> Bureau who issued invoice	Invoice number example "invoice 01" then increasing the number for each submission.	

Client/Agent forms required one week prior to first submission and for change of bank accounts.

Claims must meet all four Enhanced Individualised Funding (EIF) criteria

Criteria 1	It helps people live their life or makes their life better and relates to the client support plan and goals.	Invoice Requirements: <input type="checkbox"/> Date & client name <input type="checkbox"/> Service provided <input type="checkbox"/> Cost of the service Business or contractor: <input type="checkbox"/> Name <input type="checkbox"/> Phone number <input type="checkbox"/> Address <input type="checkbox"/> GST number if applies
Criteria 2	It is a disability support which is only needed because the person is disabled and/or costs more than it would if the person was not disabled.	
Criteria 3	It is reasonable and cost-effective, support should cost the same or less than the market price for comparable things.	
Criteria 4	It is not subject to a limit or exclusion. See purchase guidelines for exclusion list.	

Date	Purchase & description of how it meets the four EIF criteria	Cost

Total Cost \$

If the above claims are for a support person, the following details are required:

Full Name		
Address		
Phone number		
Relationship to client		

Declaration

I have attached copies of receipts or invoices relating to the purchases listed above. I confirm the above purchases are a true and accurate record of the services provided and those services were provided in compliance with the Whaikaha - Ministry of Disabled People's policies and guidelines relating to Disability Support Services. Enliven has the right to decline any submissions which do not meet the Whaikaha - Ministry of Disabled People's requirements or are not clear and readable for auditing.

Client/Agent Name	Signature	Date

