

Instructions for Completion:

The provider must complete and submit the invoice to Vaya monthly by the 15th day of the month following services. Vaya will review the invoice and submit approved reimbursement within 30 days of receipt.

1. Enter the date of the invoice.
2. Enter the invoice number.
3. Enter the provider's name.
4. Enter the provider's mailing address.
5. Enter the provider's telephone number.
6. Enter the program name/service (note: do not combine programs/allocations together).
7. Enter the service dates (e.g., 09-01-2022 – 09-30-2022)
8. Enter the program/service budget, if applicable.
9. Enter a summarized listing of expenses by category. The following list is for EXAMPLE purposes only:
 - a. Salary and benefits.
 - b. Supplies/materials.
 - c. Communications (e.g., phone/internet).
 - d. Utilities (e.g., electricity, gas, water).
 - e. Mileage (number of miles) at (current Internal Revenue Service Standard Mileage Rate) per mile.
 - f. Training.
10. Enter the dollar amount of each summary expense.
11. Include the signature of the authorized signer.
12. Enter the title of the authorized signer.
13. Enter the provider staff contact name, phone number, and email address.

Questions?

For more information or for assistance completing this form, please email payables@vayahealth.com.