Vaya Partners

Non-UCR Invoice

Date:		**Invoice number:**	
Provider name:			
Street address:			
City:	**State:**	**ZIP code:**	**Phone:**
Program title:			
Dates of service for invoice:		**Program/service budget allocation:**	
Submit invoice and documentation by email or US mail:	• payables@VayaPartners.org (preferred) • Vaya Partners, Attn: Finance Department, 901 S. New Hope Road, Gastonia, NC 28054		

Description/Summarized Expenses	Amount
TOTAL:	

Certification and Acknowledgement:
I hereby certify the above data is correct and the expenditures listed have been made for the purpose of and in accordance with the applicable contract terms and conditions. I hereby acknowledge all documentation to support these expenditures must be maintained and be readily available for review and audit upon request by Vaya Partners. **I further acknowledge the requirement to submit a general ledger (GL) detail for revenues and expenses, together with payroll information that supports the expenses to Vaya Partners at the time of invoice submission.**

Authorized signature: _____ **Title:** _____

Make all checks payable to: _____

Please enter information for the appropriate provider contact in the event Vaya Partners needs additional information or clarification concerning this invoice:

Provider staff name: _____ **Title:** _____

Phone: _____ **Email:** _____

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Instructions for Completion:

Providers must submit completed invoices to Vaya Partners by the 15th day of the month following services. Vaya Partners 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., 09/01/2025-09/30/2025)
8. Enter the program/service budget, if applicable.
9. Enter a summarized list 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.
14. Attach detailed documentation, including GL detail and payroll information, along with appropriate documentation to support the GL.

The vendor's provided GL must include the following details for each transaction:

- Vendor or payee name
- Invoice or transaction number
- Date of service or payment
- Description tied to the program/service
- Amount charged to the grant
- Any applicable cost allocation or payroll coding if employees or expenses are split across programs

Questions?

For more information or for help completing this form, email payables@VayaPartners.org.

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