

555 Work Order/Assignment Billing Summary

Name of Payee: _____ Phone Number: _____
 Address - Street: _____ Total Requested Payment of month _____
 City: _____ Period Covered (from dd/mm/yy to dd/mm/yy/ _____
 State: _____ ZIP _____

APPROVAL SIGN HERE

Manager

Standard Payment Schedule: all payments including compensation and expense reimbursement for services rendered should be paid within 30 days after monthly billing. Monthly billing payment is based on submittal before the 28th for the service provided and billed for the prior month. Prior month's invoices need to be received on before 5th of succeeding month. If not received by the 5th of the succeeding month, the bill payment goes to the next monthly billing cycle. Service member is advised that payment may be delayed if the service member does not supply invoices in a timely fashion. These billings from the service member include , but, are not limited to billings of case managers, accountants, attorneys, translators, concierge services, physicans, labs, teachers, caregivers etc... And those billings are restricted to only those services performed with established business relationships of Goodrose, LoriGift, USCHINA ESCROW, Yulane's IPs, GCs, Donors and other providers per the HIPPA regulations. If there is a breach of these terms resulting in any violation of this agreement, you may be prohibited from engaging in any conduct for the clients of USCHINA ESCROW in the future.

Voluntarily Leaving and Termination: 60 days Advance Notice is required before voluntarily leaving your current service position to qualify for any agreed final payment. Further, you are advised that for a period of 1 year after leaving your position, you may not represent any other person or party which may result in any influence, conflict or contradictory relationship with your prior representation. Any violation of this 1 year prohibition resulting in any enforcement action in court or otherwise, it is agreed will result in your payment of Attorney's fees and court costs for enforcment of this action.

Total Time and Expenses \$

Service's Date	Invoiced Amount	Start Time	End Time	Total Hour(s)	Payee's Descriptions	Project
1						
2						
3						
4						
5						

Total Completions \$

Assigned Date	Planned Amount	Invoiced Amont	Required Completion Day	Actual Completion Date	RFP ID # (need to ask your case manager) or note	Project
1						
2						
3						
4						
5						

Total RFP on this form \$ _____

SIGN HERE

Provider Signature