

Tips for providers in completing invoices for SENIF & DAF payments

Payments are paid in arrears and not in advance and will be paid each term with provision for settings with all-year-round placements to spread as best fits their setting.

Spring term	Summer term	Autumn term
January- March	April- July	September- December

Click for [SENIF & DAF invoice template](#) - please note all sections highlighted in yellow should be completed

Invoice check points: Alternatively, scan the QR code using a mobile device



Your invoice MUST include:

- a unique identification numbers
- your company name, address and bank information
- the date of the invoice
- the period you are claiming for and the total amount

Please make that you:

- claim funding for the term time only and not in advance
- submit the invoice on the termly basis, except Spring Term when is required to submit documents by the end of February (SEN Funding coming to the end of financial year)
- email your password if the invoice is protected (even if that is 'the usual' password)

Submitting the invoices

- Invoices should be emailed to early-years-inclusion-fund@royalgreenwich.gov.uk
- Exceptions (monthly payments) can be made for PVI settings, if they request it.

If any discrepancies:

- You will be contacted directly with the details

Please don't hesitate to contact the SEN Inclusion Fund email with any queries you might have

Royal Greenwich Children's Services SEN Inclusion Fund		
INVOICE FOR EARLY YEARS SEN INCLUSION FUND/ DAF		
Invoice: all invoices to be submitted on a termly basis using this form.		
If you are all filling this form regularly, and are confident that you have entered all the correct information, please do not fill in the 'Review date' or 'Review date' boxes. If you are not sure, please contact the SEN Inclusion Fund.		
Customer: Royal Greenwich of Greenwich Early Years SEN Inclusion Fund 1250 Ockbrook Services Agency Park Cooper Ockbrook Park Road London SE2 5LX Email: earlyyears.inclusion.fund@royalgreenwich.gov.uk	Date:	Invoice no.:
Name of child:	Setting details:	
Review date:	Date of birth:	
Funding type: <input type="checkbox"/> SENIF <input type="checkbox"/> DAF	Children agreed to be provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Review date: <input type="checkbox"/> 1st term <input type="checkbox"/> 2nd term <input type="checkbox"/> 3rd term <input type="checkbox"/> 4th term	Review date: <input type="checkbox"/> 1st term <input type="checkbox"/> 2nd term <input type="checkbox"/> 3rd term <input type="checkbox"/> 4th term	
Bad agreed: <input type="checkbox"/> 1st term <input type="checkbox"/> 2nd term <input type="checkbox"/> 3rd term <input type="checkbox"/> 4th term	Review agreed: <input type="checkbox"/> 1st term <input type="checkbox"/> 2nd term <input type="checkbox"/> 3rd term <input type="checkbox"/> 4th term	
Details		
Unit price:	Total	Total
		£0.00
Payment details:		
Bank:	Sort code:	Account name:
Account number:	Account name:	Reference:
Date:	Office use:	Signature: