



INLAND REGIONAL CENTER

...valuing independence, inclusion and empowerment

P. O. Box 6127, San Bernardino, CA 92412-6127

Telephone: (909) 890-3000

Fax: (909) 890-3001

TO: All Service Providers

DATE: May 28, 2010

FROM: Marylou B. Paras, Administrative Manager
Purchase of Service Unit

RE: 2010-2011 Payment
Schedule

The pay date schedule for the 2010 – 2011 fiscal years is shown below. **REMINDER: The pay date shown is the date the checks will be mailed/transmitted from the regional center.**

BILLING CUT OFF: The Regional Center has four (4) scheduled pay dates per month. The 4th of each month has been established as the billing cut off for the first three (3) pay dates. Payment checks for all acceptable bills received in our business office by 4:30 p.m. on the 4th will be issued, in arrears no later than the date as shown below. **For EFT's, allow a minimum of two (2) days for bank processing.**

Service Month	Svc Month Advance P&I	Cut-Off Date	Residential Pay Date	EBPS (Electronic)	Non-Res and Non-EBPS
JUNE	JULY	July 6 @ 4:30	7/09/10	7/15/10	07/20/10
JULY	AUGUST	Aug 4 @ 4:30	8/10/10	8/16/10	08/20/10
AUGUST	SEPTEMBER	Sep 3 @ 4:30	9/10/10	9/15/10	09/20/10
SEPTEMBER	OCTOBER	Oct 4 @ 4:30	10/12/10	10/15/10	10/20/10
OCTOBER	NOVEMBER	Nov 4 @ 4:30	11/10/10	11/15/10	11/19/10
NOVEMBER	DECEMBER	Dec 3 @ 4:30	12/10/10	12/15/10	12/20/10
DECEMBER	JANUARY	Jan 4 @ 4:30	01/10/11	01/14/11	01/20/11
JANUARY	FEBRUARY	Feb 4 @ 4:30	02/10/11	02/15/11	02/21/11
FEBRUARY	MARCH	Mar 4 @ 4:30	03/10/11	03/15/11	03/21/11
MARCH	APRIL	Apr 4 @ 4:30	04/11/11	04/15/11	04/20/11
APRIL	MAY	May 4 @ 4:30	05/10/11	05/16/11	05/20/11
MAY	JUNE	Jun 3 @ 4:30	06/10/11	06/15/11	06/20/11

Late Billings: Bills received **after** the cut-off date (4:30 on the date shown above) are considered **late billings**.

Late billings received after the cut-off date, but by the 13th, will be paid on the **last** working day of the month.

Bills received after the 13th will be paid the following month.

Vendor Bills: Only Regional Center billing forms will be accepted. **ALL SERVICE PROVIDERS ARE REQUIRED TO IDENTIFY THE DAYS THE SERVICE WAS PROVIDED.** Use the abbreviations on the back of the invoice to indicate those days the consumer is present, absent, on vacation, hospitalized, etc. Vendors receiving an **HOURLY RATE REIMBURSEMENT** are required to enter the number of direct service hours provided each day.

*****NOTE:** At the end of each calendar month that the service was provided, complete the billing form for the appropriate month and mail them to:

**Inland Regional Center
P.O. Box 6127
San Bernardino, CA 92412-6127**

For questions regarding your invoices, please contact the POS Unit at (909) 890-3441 & ask for the duty officer.
mp 5/28/10