



As a Program Champion for Tivity Health, you are a paid contractor. In order to receive compensation, you will need to submit invoices itemizing your activities related to the Program Champion role. Along with your offer letter, you should have received your specific fee structure and an invoice template. The invoice template is an Excel spreadsheet that you will fill out and submit via email. You will use this template each time you support an event. **Do not submit invoices for Pop-ups. Those will be paid separately.**

#### Steps for Completing and Submitting Your Invoice

1. Enter the Invoice # and Invoice Date

**Tips:** Tivity health processes and pays invoices weekly. It is highly recommended that you submit invoices weekly. Invoices must have a week-ending date of Saturday.

The invoice number **MUST** be the Saturday's week-ending date. Use the drop down menu to find the correct date.

**NOTE:** Use this invoice for all PC work EXCEPT for Pop-Up Classes. Those will be paid via work orders in the Instructor F

Invoice #	WE 01-19-2019 (use drop down)
Invoice Date	

Email to: payables@tivityhealth.com  
Support: 615-614-4270

Reimbursable Miscellaneous E
• Examples: Parking, tolls, su
• All expenses must be pre-a
Travel Time Fee/Guidelines:
• In addition to the hourly rat

1. The invoice date is the date that you are submitting the invoice. All services listed should be prior to, or the same as, the Invoice Date and must be submitted within 30 days of billable work.
2. Do not alter the service rendered dates (in red font in the example below) or the Terms in the upper left-hand corner. These will populate automatically.



Terms: NET 15

For services rendered: 01-13-2019 to 01-19-2019

Service Date	State	Health Plan (if applicable)	Event Type	Event Name & Location (list venue name & city) OR Reason for Conference Call	Support Hours	Travel Time Fee Zones	Total Hours	List ALL Reimbursable Expense(s) (if applicable)	TOTAL of ALL Reimbursable Expense(s) (if applicable)	Total Charge
1/17/19	AZ	Anthem	Table/Booth Support	IDEA World Convention at Phoenix Convention Center, Phoenix	3.5	ZONE 2 = you live 31 - 75 miles from event/venue, add 1.5 hours	5.0	Parking fee, freeway toll	\$21.50	\$221.50
THE ABOVE IS AN EXAMPLE FOR YOUR REFERENCE										
							0.0		\$0.00	\$0.00
							0.0		\$0.00	\$0.00

- Choose options from the drop down menus to fill in your state, the health plan, and event type, location and description:
- Type in the number of hours you worked and use the drop-down arrow to choose your zone for mileage.
- Type in any applicable reimbursable expenses, for example tolls and parking fees, and enter the amount of reimbursement in the correct column.
- Your total number of hours and total billable amount will calculate automatically at the end of each row and at the bottom of the last column.
- Once you have itemized all of your billable work, check the total at the bottom of the invoice for accuracy (this calculates automatically):

	0.0		\$0.00	\$0.00
	0.0		\$0.00	\$0.00

**TOTAL DUE** \$0.00

- Correct any errors, save the excel file for your records and email directly to [payables@tivityhealth.com](mailto:payables@tivityhealth.com).