

Carolyn Griesemer  
Executive Director



VENDOR INVOICE REQUIREMENTS:

Dear Vendor,

Thank you for working with CLSSD. Below are instructions for submitting your invoices. Please note that all payment will be sent through Bill.com to the email address you provide on your invoice.

- 1) Please submit your request for payment on your official letterhead. CLSSD cannot accept emails as a request for payment.
- 2) Include:
  - a. Provider's full name
  - b. Provider's full mailing address
  - c. Provider's email address: Note payment will be sent through Bill.com to this email address
  - d. Provider's tax ID number or Social Security Number
  - e. Petition number (please do not include the client's name)
  - f. Name of the division being billed (Firm 1 or Firm 2). If this is unknown, please call our main number: 858-221-0404
  - g. Description of the type of service provided
  - h. Method of calculation for payment (flat rate, hourly rate)
  - i. Total amount due
  - j. Name of CLSSD employee who requested the expense

Please send your invoices to our main office at: 4801 Viewridge Ave., San Diego, CA 92123.

Our fax numbers are also listed below:

Firm 1: 858-277-1351

Firm 2: 858-277-1350

Sincerely,

*Children's Legal Services of San Diego*