



**WORK SERVICES PROGRAM  
FAMILIES FIRST DISCOVERY AND PROFILE INVOICE**

Provider Name and PVN:	Client:	Date:
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Dates of service:	Meeting (\$20 hour)	Discovery (\$35 hour)	Appointment description:	Location:	Start / End Time	Total Time
<b>TOTAL</b>						

**Reviewed by Facilitator:** Yes  No 
                 
 **Review:** Approved  Denied  Returned 
                 
 **Invoice Type:** Monthly  Final

Has the final profile summary report been completed and submitted? Yes  No       Date submitted \_\_\_\_\_      To whom? \_\_\_\_\_

The amount invoiced is necessary and correct to the best of my knowledge.

Discovery Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_      Preferred Payment Method      Warrant       EDI

Amount Invoiced \_\_\_\_\_      Collocation Code \_\_\_\_\_  
 Families First Facilitator \_\_\_\_\_ Date \_\_\_\_\_      Program Manager \_\_\_\_\_ Date \_\_\_\_\_

**Comments:** \_\_\_\_\_

**This invoice requires both Discovery Specialist and Families First Facilitator signature. Unsupported billings will not be paid.**