



**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>Totals:</b>						

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

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 Family First Facilitator signature. Unsupported billings will not be paid.**