

ATAP Work Services Supportive Services Invoice

Report Month:	Date Completed:	Contract Year:	DPA Reviewer:	Date Reviewed by DPA:
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Service Provider:	Contract Number:	Invoice Number: <input type="checkbox"/> Original <input type="checkbox"/> Revised/Revision Date: _____
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Supportive Services Expenditures (attach Supportive Services Spreadsheet)

Job Development \$	Supportive Services: \$	Total Billed: \$
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Contractor Signature:	Date::
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Printed Name:

Contact Phone Number:

Notes:

DPA Approval Signature:	Date:
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DHSS Use Only

Encumbrance Number:	PVN:	Pay from line ____
Payment amount: \$ _____.	Payment Method: <input type="checkbox"/> EDI Transfer <input type="checkbox"/> General Warrant	