

ATAP Work Services Supportive Services Invoice

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|-------------------|-----------------|------------------|--|-----------------------|
| Report Month: | Date Completed: | Contract Year: | DPA Reviewer: | Date Reviewed by DPA: |
| Service Provider: | | Contract Number: | Invoice Number: <input type="checkbox"/> Original <input type="checkbox"/> Revised/Revision Date: _____ | |

Supportive Services Expenditures (attach Supportive Services Spreadsheet)

| | | | |
|-----------------------|--------------|--------|--|
| | Total Billed | \$ | |
| Contractor Signature: | | Date:: | |

Printed Name:

Contact Phone Number:

Notes:

| | |
|-------------------------|-------|
| DPA Approval Signature: | Date: |
|-------------------------|-------|

DHSS Use Only

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