

**ATAP Work Services Performance Invoice**

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: _____	

**Performance Billing**  
(Completed by Work Services Provider)

Metric	Possible	Met	Rate	PFP Total	Core Amount	Total Billed
1. Employed in 90 days				\$	\$	\$
2. Cases that closed with Earnings				\$	\$	\$
3. Cases that Don't Return				\$	\$	\$
4. Overall Participation				\$	\$	\$
5. Two Parent Participation				\$	\$	\$
6. Job Development				\$	\$	\$
Current performance total				\$	\$	\$
Rent Deduction (-)				\$	\$	\$
<b>Total Billed</b>				<b>\$</b>	<b>\$</b>	<b>\$</b>

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	