

ATAP Work Services Grievance Invoice

Grievance 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	Original				Approved Grievance			
	Possible	Met	Rate	PFP Total Approved	Possible	Met	Rate	PFP Total Approved
1. Employed on 90 days				\$				\$
2. Cases that closed with Earnings				\$				\$
3. Cases that Don't Return				\$				\$
4. Overall Participation				\$				\$
5. Two Parent Participation				\$				\$
6. Job Development								\$

Attach all Grievance documentation:

Grievance Payment \$

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	