

REQUEST FOR PAYMENT -- SOCIAL SERVICES

A. PROVIDER IDENTIFICATION			B.	CONTROL NO.	DATE
NAME					
ADDRESS					
CITY STATE ZIP					
PROVIDER NO.	CONTRACT NO.	BILLING FOR SERVICES PROVIDED ___ (MO)___ (YR)			

C. CLIENT IDENTIFICATION			D. SERVICE INFORMATION						
NO	NAME OF CLIENT	CLIENT IDENTIFICATION NUMBER	INCLUSIVE DATES OF SERVICE		NO. OF UNITS	DESCRIPTION OF SERVICE OF COMMODITY	SERVICE CODE	UNIT PRICE	AMOUNT
			FROM	THRU					
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

TOTAL

GRAND TOTAL

(FOR LOCAL OFFICE USE)

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued thereunder relating to non-discrimination in Federally assisted programs

Claimant Signature

Date