

VENDOR IDENTIFICATION		Claim No.	Date	
Name				
Address		Send to: Low Income Energy Assistance Program Department of Social Services 206 W. Missouri Ave. Pierre, South Dakota 57501-4517		
City	State			Zip
Vendor Number				

CLIENT IDENTIFICATION		SERVICE INFORMATION					
No.	Client Name Client Identification Number (CID)	Delivery/ Meter Read Date	Invoice No.	Number of Units	Fuel Type	Unit Price	Amount
01	Name:						
	CID:						
02	Name:						
	CID:						
03	Name:						
	CID:						
04	Name:						
	CID:						
05	Name:						
	CID:						
06	Name:						
	CID:						
07	Name:						
	CID:						
08	Name:						
	CID:						
09	Name:						
	CID:						
10	Name:						
	CID:						
11	Name:						
	CID:						

Total

Claimant Signature

GRAND TOTAL

FUEL TYPE

P = LP Gas

F = Fuel Oil

G = Natural Gas

X = Other

E = Electricity

W = Wood

C = Coal