Communities Connected *for* Kids Contract Number:

ANCILLARY SUPPORT SERVICE INVOICE

Log for the MONTH of:

SERVICE PROVIDER:

Address:

Telephone Number:

Client Name	Date of Birth (MM/DD/YY)	Date(s) of Service	Type of Service(s)	Client In/Out of Home (I/O)	Monthly Units Provided	Unit Cost Per Service	Co-Pays Rendered By Clients	Total Cost
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
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								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
						Amount		\$0.00

* I certify the above to be correct in agreement with the agency's records and with the terms of the agreement with CCKids.

Submitted by:

Signature

Title

Date

CONTACT THE FOLLOWING PERSON REGARDING THE PREPARATION OF THIS DOCUMENT:

Name	DIRECT Telephone Number					
FOR CCKids USE ONLY:						
CONTRACT MANAGEMENT DEPT.	Approved Amount for Service:					
Date Invoice Received	Approved for Payment By:					
Service Period	Date Approved:					
FINANCE DEPARTMENT						
Approved for Payment By:	Date Approved:					
GL #	Percentage/Amount of Payment:					
GL #	Percentage/Amount of Payment:					
GL #	Percentage/Amount of Payment:					