

**ANCILLARY SUPPORT SERVICE INVOICE**

Contract Number: _____

SERVICE PROVIDER: _____

Address: _____

Log for the
MONTH of: _____

Telephone Number: _____

[illegible]

*** 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:
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Service Period	Date Approved:
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FINANCE DEPARTMENT

Approved for Payment By: _____ Date Approved: _____

GL #	Percentage/Amount of Payment:
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GL #	Percentage/Amount of Payment:
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GL #	Percentage/Amount of Payment:
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