**ANNEX F**

**IMPACT Training, Foster Home Development and** **Relative Care Assessments Invoice**

### \*SMILE Purchase Order must be attached to Invoice\*

**PURCHASE ORDER #:**

**DFCS CASE#:**

**VENDOR INVOICE#:**

*(Must be attached to invoice)*

**CLIENT NAME & CLIENT ID:**

**SSCM:**

**INVOICE DATE:**

**Remit Checks to:**

**CONTRACTOR NAME:**

**CONTRACT NUMBER:**

**ATTN:**

**CONTRACTOR’S ACCOUNT/INVOICE #:**

**ADDRESS:**

**CITY/STATE/ZIP:**

***ANNUAL BILLING MAY NOT EXCEED $24,999 unless the contractor is a Non-Profit***

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF SERVICE** | **CODE** | **DESCRIPTION OF SERVICE & PRICE** | INVOICE AMOUNT |
|  | **531-E1** | **$700.00** Complete DFCS Foster/Adoptive Home Evaluations (REGULAR) |  |
|  |  **531-E2** | **Not to exceed $700.00** Partial Foster Home Evaluations (REGULAR) |  |
|  | **531-E5** | **$700.00** Complete DFCS ICPC Foster Home Evaluations |  |
|  |  **531-E6** | **Not to exceed $700.00** Partial ICPC Foster Home Evaluations |  |
|  | **531-E7** | **$850.00** Complete DFCS Foster/Adoptive Home Evaluations & Attachments / Verifications Packet |  |
|  | **531-67a** | **$950.00** Group IMPACT Training |  |
|  | **531-67b** | **$500.00** Individual IMPACT Training |  |
|  |  |  |  |
|  | **593-E1** | **$700.00** Complete DFCS Foster/Adoptive Home Evaluations (REGULAR) |  |
|  | **593-E2** | **Not to exceed $600.00** Partial Foster Home Evaluations (Regular) |  |
|  | **593-E7** | **$850.00** Complete DFCS Foster/Adoptive Home Evaluations & Attachments / Verifications Packet |  |
|  | **593-29j** | **$350 –** Complete Relative Care Assessment  |  |
|  | **593-67a** | **$950.00** Group IMPACT Training |  |
|  | **593-67b** | **$500.00** Individual IMPACT Training |  |
|  |  | **Total Invoice** |  |

**MAIL INVOICE TO:**

(Mailing Address) Department of Family & Children Services

\* Rates are inclusive of any transportation or mileage costs. No additional charges are authorized.

I, the undersigned, certify that the services or products shown above have been provided according to the terms of the contract and that

The payment amount claimed accurately reflects the contracted rate:

***Approved for Payment:***

Date submitted to County DFCS Representative Date Received by County DFCS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Signature

DFCS County Approving Authority/Date

DFCS County Director or Designee/Date