



2200 Avenue A, Suite 102, Bethlehem, PA 18017
 Tel: 610-882-1119 FAX 610-954-7921

CAPPED
 FEE-FOR-SERVICE
 INVOICE

SAP#
 Subgrant No.
 Contract Year:

Agency Name:	Subgrantee Code:	Billing Period: _____
RAG No.:		

ACCOUNT NO.	SERVICE RENDERED	SUBGRANT (1) BALANCE REMAINING	DATES RENDERED	UNITS RENDERED	RATE PER UNIT	TOTAL (2)	*CURRENT BALANCE REMAINING (3)

FOR AIDSNET USE ONLY

Date Received: _____

Reviewed By: _____

*To calculate Current Balance Remaining:
 Subgrant Balance Remaining (1) minus Total (2) equals Current
 Balance Remaining (3). Current Balance Remaining becomes
 the following month's Subgrant Balance Remaining

Allocated Ryan White Dollars Reimbursed
 Year-To-Date \$ _____

Allocated State Dollars Reimbursed
 Year-To-Date \$ _____

Allocated HOPWA Dollars Reimbursed
 Year-To-Date \$ _____

Total Reimbursed Allocated Dollars
 Year-To-Date \$ _____

Amount Approved-Current Invoice \$ _____

Remaining This Contract Year \$ _____

INVOICES/REPORTS ARE DUE IN THE AIDSNET OFFICE BY THE 5TH OF THE MONTH FOLLOWING THE LAST DAY OF THE MONTH IN WHICH SERVICES ARE RENDERED

Prepared By _____ Phone Number _____

CERTIFICATION STATEMENT

I certify that I am the Executive Director/Administrator of said organization, and that this Fee-For-Service Invoice/Report is true and correct to the best of my knowledge and belief. Also, I understand that submission of this invoice is not a guarantee of payment by AIDSNET.

Executive Director/Administrator

Date: _____

AIDSNET APPROVAL

Ann Stuart Thacker, Executive Director

Date: _____