

## SUMMARY PAGE FOR REIMBURSEMENT INVOICES FOR HOUSING SERVICES

*(Use this summary page only when the housing services invoice exceeds one page,*

AGENCY:

BILLING PERIOD:

PAGE NO.	TBRA TOTAL	STRMU TOTAL	PERMANENT HOUSING PLACEMENT	SUPPORTIVE SERVICES	TOTALS
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
<b>GRAND TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**AIDSNET USE ONLY**

Date Received: \_\_\_\_\_

Reviewed: \_\_\_\_\_





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 Reimbursement Invoice is true and correct to the best of my knowledge and belief; and that no direct payments have been made to any clients as per subgrant/agreement with AIDSNET. 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: \_\_\_\_\_