



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

POOL
 FEE-FOR-SERVICE
 INVOICE

SAP#
 Subgrant No.:
 Contract Year:

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

ACCOUNT NO.	SERVICE RENDERED	DATES RENDERED	UNITS RENDERED	RATE PER UNIT	TOTAL
					\$0.00
					\$0.00

FOR AIDSNET USE ONLY

Date Received: _____

Reviewed By: _____

C:\MyDocs\New Excel\Invoices\pool invoice

Pool HOPWA Federal Dollars Reimbursed Year-To-Date \$ _____

Amount Approved - Current Invoice: \$ _____

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: _____