

**ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE**

(PART A)

1. Judicial District: _____	3. P.O./BPA #: _____
2. Vendor: _____	4. Service Delivery
Address: _____	From: _____ To: _____
_____	5. Total # of Individuals
_____	Served: _____
Telephone: _____	

Vendor's Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from sources other than the United States District Court.

Authorized Administrator

6. PROJECT CODE	7. QUANTITY(Units)	8. UNIT PRICE	9. TOTAL PRICE
Total Copayment (insert minus sign before total)			
1501 Admin. Fee (5% of total copay)			
TOTAL FOR REIMBURSEMENT			

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(PART B)

*Each service provided is to be listed and invoiced for full amount - regardless of copayment collected. All copayments collected are to be reported in the month they are received and subtracted from the subtotal for each client.

Client Name	Client No.	Date of Service	Service Rendered (Project Code)	Quantity (Units)	Unit Price	Cost

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