

INVOICE

FROM Provider

Address
 City, State, Zip Code
 Phone Number

{INSERT date of invoice}
 {INSERT invoice number}
 {INSERT dates services were provided}

BILL TO PSA III Area Agency on Aging
 701 S Allen, Suite 100
 Meridian, ID 83642
 (208) 898-7060

CURRENT PERIOD			
SERVICE PROVIDED	UNITS	UNIT RATE	TOTAL
Congregate Meals	0	\$4.00	\$0.00
Home Delivered Meals	0	\$4.50	\$0.00
GRAND TOTAL			\$0.00

*Supporting Documentation: attach the program rosters for each service you are billing for.

SOURCE OF IN-KIND MATCH	UNITS	UNIT RATE	TOTAL
Congregate Meals Volunteer Hours		\$19.92	\$0.00
Home Delivered Meals Volunteer Hours		\$19.92	\$0.00
Other:			\$0.00
Other:			\$0.00
Total In-Kind Match			\$0.00

*For other approved sources of In-Kind Match call A3SSA

REPORT PROGRAM INCOME	ANY ADDITIONAL COMMENTS
Congregate Meals	
Home Delivered Meals	
Total	\$0.00

I hereby certify that the services rendered and fees collected as specified above are accurate for payment.

 Authorized Signature --- Service Provider

 Date

 Authorized Signature --- PSA III AAA

 Date

*You can also email your monthly invoices to: psa3@a3ssa.com
 Provider Invoice - 2/25/18 - Previous Editions are Obsolete