Vendor Invoice

Signing and submitting false information may lead to a charge of Medicaid fraud.

If the vendor gives you a less than satisfactory receipt please utilize this vendor invoice and attach the receipt given from the vendor

Name of Business:	Address:	
Service Location (if different then business address):	Website	
	Phone Number:	
	Fax (if applicable):	
Name of Service Recipient:		

Invoice for the Month/Year of: _____

Date: Mo/Day	Session/Class Time From/To (AM/PM)	Fee	Description of Service
	Total Fee		
Print Name of Vendor:		Date:	
Signature of Vendor:		Date:	