



EDF AUTO CALC

Agency Name: _____

FEIN: _____

Program Name: _____

Contract Number: _____ Document Number: _____

Contact Person: _____ Telephone Number: _____

All reports are due MONTHLY, no later than the 15th of the month following the month of service. EXAMPLE: July report is due August 15th, August report is due September 15th. Please enter the following information each month:

Amount	Report Month	Report Due Date

Revised

TITLE OR PURPOSE	AMOUNT CLAIMED	COMPONENTS (SPECIFY BELOW)			
Personal Services and Fringe:					
Contractual Services:					
Travel:					
Supplies:					
Equipment:					
Other: (Specify)					
MATCH: (IF REQUIRED)					
TOTAL:					

Provider certifies that the amounts shown on this invoice (1) are true and correct, (2) have not been falsified, inflated or otherwise improperly represented, (3) have been used only for the purpose set forth in the Community Service Agreement between Provider and DHS, (4) are allowable in accordance with State and Federal laws and regulations, and (5) have not been submitted for payment to any other State agency or entity.

Authorized Agency Official: _____ Date: _____