

STUDENT ASSISTANCE PROGRAM : FEE FOR SERVICE INVOICE/REPORT SUMMARY

CONTRACTED AGENCY INFORMATION

NAME:
ADDRESS:
CITY/STATE:

BILLING PERIOD: / / to / /

DATE	TYPE OF SERVICE	CUMULATIVE HOURS <i>(Quarter hour increments)</i>	RATE PER HOUR	CUMULATIVE COST
	Assessment 9100		\$70.00	
	Program Activity 6400		\$40.00	
	Collateral Contact 6400		\$35.00	
	SAP Groups 6400		\$60.00	
TOTAL				

Provider Signature

Date

SCA Approval

Date