Contract No.	Program Name	Invoice Mont	1	Fiscal Year	

EHR #	Program Type	Residence Type	Name of Facility or Residence	Address of Facility or Residence	Month of Service	Whole or Partial Month	(For new residence only -	Move Out Date (For end of residence only - leave blank if no change)	Total Days of Residence (For move-in or move-out)	Units Per Day (For move-in or move-out)	Total Units in Month (For move-in or move-out)	(\$1500 for whole month	Rate Invoiced: Move-In/Move Out Admin Costs (\$300 per client per month)	Total Invoice Amount Subtotal	Total Invoice Amount (\$1,500 Max)	Client Rent Contribution	Rent Amount Paid by ACT/SBCM/FSP
																	+
																	-
																	+
																	ŀ
							-										
																	-
								1									( I I I I I I I I I I I I I I I I I I I

Contract No. Program Name Invoice Month Fiscal Year							
	Contract No.	Program Name	Contract No.	Invoi	oice Month	Fiscal Year	

EHR #	Program Type	Residence Type	Name of Facility or Residence	Address of Facility or Residence	Month of Service	Whole or Partial Month	(For new	Move Out Date (For end of residence only - leave blank if no change)	Total Days of Residence (For move-in or move-out)	Actual Dollar Cost Per Day (For move-in or move-out)	Units Per Day (For move-in or move-out)	Total Units in Month (For move-in or move-out)	Rate Invoiced: (\$1500 for whole month or \$40/unit for partial month)	Rate Invoiced: Move-In/Move Out Admin Costs (\$300 per client per month)	Total Invoice Amount Subtotal	Total Invoice Amount (\$1,500 Max)	Client Rent Contribution	Rent Amount Paid by ACT/SBCM/FSP
																		+
																		<u> </u>
																		<u> </u>
																		<u>+</u>
																		<u> </u>
															TOTAL INVOICED			

Other Rental Subsidy Type (eg. Sponsor Based Subsidies)	Other Subsidies Amount (Column O)	Adjustment/Note
-		
	-	

Other Rental Subsidy Type (eg. Sponsor Based Subsidies)	Other Subsidies Amount (Column O)	Adjustment/Note