

Contractor:
 Contractor Address:
 Contract Number

ANNEX
 Effective Date:

Monthly Invoice and
 Cumulative Expenditure Report
 Adoption Services

Electronic Funds Transfer? Yes _____
 EFT _____

Invoice for the month of:

Contract Period: July 1, 20__ thru June 30, 20__

(a)	Unit Rate (b)	Prior Units	Prior Amount Spent	Current Units	Amount Actually Spent	Running Total
Recruitment Activity (units vary) Number of units must be pre-approved by the State Adoption Unit	\$100.00		\$0.00		\$0.00	\$0.00
Pre-Training/Orientations Group	\$200.00		\$0.00		\$0.00	
Individual	\$100.00		\$0.00		\$0.00	
Preparation/Training Session for Families	\$200.00		\$0.00		\$0.00	
Support Activities (units vary) Number of units must be pre-approved by the State Adoption Unit	\$100.00		\$0.00		\$0.00	
Approved Family Assessment	\$1,700.00		\$0.00		\$0.00	
Partial Family Assessment	\$200.00		\$0.00		\$0.00	
Updated Family Assessment	\$200.00		\$0.00		\$0.00	
CLH Presentation and Narrative	\$200.00		\$0.00		\$0.00	
Pre Placement Staffing	\$200.00		\$0.00		\$0.00	
Pre Placement Visitation	\$700.00		\$0.00		\$0.00	
Placement Sibling group of 3 or more	\$7,500.00		\$0.00		\$0.00	
Child Supervision 1-3 children 0-12 yrs	\$700.00		\$0.00		\$0.00	
Child Supervision 1-3 children 13 yrs and older	\$1,500.00		\$0.00		\$0.00	
Child Supervision-Significant spec needs	\$2,500.00		\$0.00		\$0.00	
Child Supervision Sibling group 3 or more	\$2,000.00		\$0.00		\$0.00	
Child Final 6-12 yrs old	\$1,000.00		\$0.00		\$0.00	
Child Final 12 yrs and older	\$2,000.00		\$0.00		\$0.00	
Child Final Significant spec needs	\$3,000.00		\$0.00		\$0.00	
Final sibling group of 3 or more	2,500/per child		\$0.00		\$0.00	
Grand Total						\$0.00

I, the undersigned, certify that the expenditures reported have been made for the program accomplishments within the approved budgeted items.

Prepared by: _____ Date: _____

Contractor signature: _____ Date: _____

Signature of DHR Approving Authority for Payment:
 Date: _____