

Date _____

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**ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE**

(PART A)

1. Judicial District _____ 2. Vendor _____ a. Address: _____ _____ _____ _____ b. Telephone: _____ _____ _____	3. P.O./B.P.A.# _____ 4. Service Delivery: From _____ To _____ 5. Total # of Individuals Served: _____
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Vendor's Certification: I certify that **all** expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from sources other than the United States District Court.

Authorized Administrator

6. Project Code	7. Quantity	8. Unit Price	9. Total Price

Date _____

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TREATMENT SERVICES INVOICE**

(PART B)

Subtotal all costs for each client listed below:

1. Client Name	2. Client Number	3. Dates of Service	4. Service Rendered	5. Quantity (Units)	6. Unit Price	7. Cost