

**Department Of Community Correction
Drug Court Residential Treatment Program Service**

Vendor Name
Address
Phone number and Fax number

Tax ID# _____

INVOICE

DCC ATTN: Drug Court Administrative Assistant
DCC ADDRESS:

DATE: _____
CONTRACT # _____
VENDOR # _____
INVOICE # _____

Name	SS#	PID	DOB	SERVICE PROVIDED	ARRIVAL/EXIT DATE	COST OF SERVICE	BILLABLE DAYS/HOURS	TOTAL
								TOTAL