REQUEST FOR PAYMENT-DIRECT SERVICES FOR PART C

PROVIDER INFORMATION/SUBMIT PAYMENT TO:

NAME

ADDRESS

CITY STATE ZIP

TELEPHONE

DATE _____

EMPLOYER IDENTIFICATION OR SOCIAL SECURITY NO. _____

SERVICES PROVIDED DURING _____ (YEAR) _____

CLIENT IDENTIFICATION	SERVICE INFORMATION							
				Mileage/Travel Time				
NAME OF CLIENT	TYPE OF SERVICE	LIST EACH DATE OF SERVICE	NO. OF UNITS/ MILES	Beginning odometer	Ending odometer	Identify as C= In City R= Rural	UNIT PRICE	AMOUNT

COMMENTS:

TOTAL

I declare and affirm under the penalties of perjury, that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the civil rights of 1964, and regulations issued thereunder relating to non-discrimination in federally assisted program.

CLAIMANT SIGNATURE _____ DATE _____

PLEASE MAINTAIN THE PINK COPY FOR YOUR RECORDS