Invoice Category Sample

March 1, 2004

Billable To The XXXXXXXXXXXXXXXXXXXXXXXXXX Department of Social Services

Invoice Date XXXXXXXXXXXXXXXXXXXXXX

((Other Header Information as appropriate))

Profit Organization	
Not-For-Profit Organization	

Service Month _____

**Overhead Rate = XXX % of costs

	MAINTENANCE EXPENSES								ADMINISTRATIVE EXPENSES				
	M1	M2	M3	M4	M5	M6			A1	A2	A3		
Child Name	Room & Board	Supplemental Clothing	Specialized Supervision	Insurance	Travel	Child Care	Other	Total Maint Expenses	Case Management	Overhead (Indicate Rt Above)	Admin Other	Other Costs	Total Admin Expenses
Child A													
Title IV-E	$ -	$ -	$ -	$ -	$ -	$ -	NA	$ -	$ -	$ -	$ -	NA	$ -
CSA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Child B													
Title IV-E	$ -	$ -	$ -	$ -	$ -	$ -	NA	$ -	$ -	$ -	$ -	NA	$ -
CSA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Child C													
Title IV-E	$ -	$ -	$ -	$ -	$ -	$ -	NA	$ -	$ -	$ -	$ -	NA	$ -
CSA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Title IV-E	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total CSA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Total IV-E Maintenance Amount	$ -
Total IV-E Admin Amount	$ -

Total CSA Maint & Admin	$ -

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Child Name	Room & Board	Supplemental Clothing	Specialized Supervision	Insurance	Travel	Child Care	Other	Total Maint Expenses	Case Management	Overhead (Indicate Rt Above)	Admin Other	Other Costs	Total Admin Expenses
Total Other Maint & Admin			$	-									
Total Invoice Amount			$	-									