

INVOICE

Company: _____
 Address: _____
 Phone: _____

Date: _____ Invoice # _____
 PURCHASE ORDER #: _____
 Service: Alternative Funds

TO: Living Choice Program
 4345 N. Lincoln Blvd.
 Oklahoma City, OK 73105
 Tel. 1-888-287-2443 Fax-405-530-7265

Dates of Service From	Dates of Service To	Service Description	# Units Billed	Rate Standard \$15.41 Very Rural \$22.06	Participant Total
				Total	

Provider Agency Approval: _____

Date: _____

Total Amount Billed on this Invoice: \$ _____

Director Approval: _____

All invoices should be emailed to Contracts@okhca.org.
 Must include your Purchase Order # on the invoice.
 Please do not include any member information.
 This is the only form needed for payment.