State of Maine DEPARTMENT OF HEALTH AND HUMAN SERVICES 11 State House Station, Augusta, ME 04333-0011

PURCHASE OF SERVICE AGREEMENT BILLING FORM					
Pay To: (Issue Check Payable to)					
			Program/Project:		
			Vendor Code:		
			Vendor Invoice #:		
(Municipality	, State, Zip Code)				
AGREEMENT #:					
Payment Period: From: To:					
Amount					
Agreement Payment:				\$	unt
Adjustment:				Ψ	
	•		TOTAL	\$	
PV LINE#	Encumbrance #	PO Line #	Accounting Strin	g	Amount
LINE #		Line #			
Assessment Askesiniatustas Asathaviss I Oissastess					
Agreement Administrator Authorized Signature:					
Accounting & Cash Management Authorized Signature:					