

Agency Name: _____

Fiscal Year:

DBHIDS – SINGLE COUNTY AUTHORITY
QUARTERLY INVOICE FORMS CHECKLIST

SCA INVOICE FORMS	SUBMITTED (X)	N/A (X)
1. Summary for Fee for Service		
2. Fee for Service		
3. Invoice for Programs		
4. Cost Reimbursement Outpatient		
5. Report and Cash Request		
6. Form HDA311-2		
7. Form HDA313B-Personnel Roster		
8. Staffing Pattern Schedule		
9. Equipment Detail		
10. Miscellaneous Item Detail		
11. Minimum Wage and Benefits Standard		