

Agency Name: _____

Fiscal Year: _____

DEPARTMENT OF BEHAVIORAL HEALTH and INTELLECTUAL disability SERVICES

(DBHIDS)

MH 4TH QUARTER INVOICE FORMS CHECKLIST

MH FORMS		N/A (X)
1. Fiscal Submission Form/ Invoice Certification Statement		
2. Program Activity Invoice Summary		
3. Revenue Summary		
4. Expenditure Summary		
5. Residential Site Schedule		
6. Personnel Invoice Schedule		
7. Miscellaneous Item Detail Schedule		
8. ICM/RC/FB Client Emergency Costs Form		
9. Administrative Cost Distribution Schedule		
10. Quarterly Progress Report		
11. Quarterly Reinvestment Report		
12. Minimum Wage & Benefits Standard		
13. Over-allocation Narrative Schedule		
14. Retained Revenue Allowance Schedule		
15. Source of Other Revenue		
16. Medical Assistance Fee Schedule		