

Agency Name: _____

Fiscal Year: _____

DEPARTMENT OF BEHAVIORAL HEALTH and INTELLECTUAL disABILITY SERVICES
(DBHIDS)

MH QUARTERLY (1ST, 2ND, 3RD) INVOICE FORMS CHECKLIST

MH FORMS	SUBMITTED (X)	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. Minimum Wage & Benefits Standard		