

**Agency Name:** \_\_\_\_\_

**Fiscal Year:**

**DBHIDS – SINGLE COUNTY AUTHORITY**  
**QUARTERLY INVOICE FORMS CHECKLIST**

<b>SCA INVOICE FORMS</b>	<b>SUBMITTED (X)</b>	<b>N/A (X)</b>
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. SCA SOW Quarterly Contract Outcomes		
12. Minimum Wage and Benefits Standard		