



BILL TO:
 Department of Social Services
 Division of Finance & Administrative Services
 PO Box 1643
 Jefferson City, MO 65102-1643
W&CI.Invoices@dss.mo.gov

PAY TO: _____
 Agency Name: _____
 Address: _____
 City, State Zip: _____
 Phone Number: _____
 Email address: _____

REQUEST FOR PAYMENT OF VOCA ARPA CONTRACT

FEIN # _____ **Contact No.** _____ **Invoice #:** _____
Region: _____ **Date:** _____
 (current)

		Current Period's
DESCRIPTION		Federal Amount
Expenses for invoice period :	Child Abuse	\$ -
	Domestic Violence	\$ -
	Sexual Assault	\$ -
	Underserved	\$ -
		\$ -

I hereby certify that this information is true and correct:

Monthly Expenditure Report Attached:

- Yes
- No

Signature

Date

*Note: Monthly Invoice is due on or by the 15th day of the month.
 If invoice is emailed, retain original in your files.*

FOR OFFICIAL USE ONLY:

Signature	Date	Date Stamp

If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.