

Attachment A

AGENCY REQUEST

Systems Innovation Bridge Funding - Subsidy B Invoice

Remit to:
Provider Name / County Board
Address

DATE:

INVOICE #

PO # 19

OAKS ID:

Bill to:
Dept. of Developmental Disabilities - Residential Resources
30 E. Broad Street, 12th fl.
Columbus, OH 43215

For invoicing questions:
Lisa Hutchison
Lisa.Hutchison@
614-466-4177

Deliverables

Waiver provider or county board for an individual transitioning from an Intermediate Care Facility for Individuals with Disabilities (ICF/IID), may be reimbursed for funds expended on necessary "start-up" items for the individual. Verification that other available resources are exhausted, must be confirmed prior to seeking reimbursement through Systems Innovation.

Description	Amount	
Reimbursement for "start-up" expenses	\$ -	(not to exceed)
Total	\$ -	

* Invoice must be submitted for payment within 90 days of the expenditures. Payment Terms: Net 30

For questions concerning this invoice, contact:

<Enter Contact Name Here>

<Enter Contact Phone & Email Here>

Provider Signature: _____

DODD - AGENCY APPROVALS

Necessary verification provided for deliverables above.

Yes, attestation (Attachment B) received

No, additional evidence of the claim is required.

Residential Resources Deputy Director Signature & Date: _____

* Fully approved invoices must be scanned and emailed to Accts.Payable@dodd.ohio.gov with subject "SI Subsidy B Invoice processing."

FISCAL ONLY

Account	Fund	ALI	Department	Project	Program	Service Loc
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dodd.ohio.gov

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