

**Invoices must be sent to:**

Commonwealth of PA  
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS  
ATTN: TREATMENT DIVISION GAMBLING SERVICES  
One Penn Center  
2601 North 3rd Street  
Harrisburg, PA 17110  
email to: [RA-DA\\_GAMBLING@PA.GOV](mailto:RA-DA_GAMBLING@PA.GOV)

**PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS  
OUTPATIENT GAMBLING COUNSELING SERVICES  
INDIVIDUAL SESSIONS  
INVOICE FOR PAYMENT**

**Payee:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contract No.:** \_\_\_\_\_

**Invoice Date:** \_\_\_\_\_

**SAP Vendor No:** \_\_\_\_\_

**Invoice No.:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Billing Period:** \_\_\_\_\_

Client ID #	Number of Individual Sessions	Dates of Individual Sessions	Minutes of Individual Sessions	\$85 Individual Session Cost	Client Liability Due	Total Invoice Amount
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
				\$ -		\$ -
<b>TOTALS</b>	0			\$ -	\$ -	\$ -