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

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
				$ -		$ -
				$ -		$ -
				$ -		$ -
				$ -		$ -
				$ -		$ -
				$ -		$ -
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				$ -		$ -
				$ -		$ -
				$ -		$ -
TOTALS	0			$ -	$ -	$ -

Preparer's Signature _____ **Date:** _____