

INVOICE

Company: _____
 Address: _____

 Phone: _____

Date: _____
 INVOICE #: _____
 Service: Alternative Funds

TO: Long Term Care Administration
 Living Choice Program
 4345 N. Lincoln Blvd.
 Oklahoma City, OK 73105
 Tel. 1-888-287-2443 Fax-405-530-7265

RID	Last NAME	First NAME	Dates of Service From	Dates of Service To	Service Description	# Units Billed	Rate Standard \$14.25 Very Rural \$20.40	Participant Total
							Total	

Provider Agency Approval: _____

Date: _____

Total Amount Billed on this Invoice: \$ _____

Director Approval: _____