

## **OK Tribal Medicaid Administrative Match SoonerCare Application Processing Invoice**

Name of Tribe/Tribal Organization: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

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

Invoice date of service: (mm/dd/yyyy) to (mm/dd/yyyy)

Invoice Number: \_\_\_\_\_

<b>Type of Application</b>	<b>Number of Approved Submissions</b>	<b>Rate per Application</b>	<b>Total</b>
Online: agency view		\$40.00	\$
Online: home view		\$40.00	\$
Paper		\$30.00	\$
Renewal		\$15.00	\$
<b>TOTAL</b>			<b>\$00.00</b>

*(OK TMAM Attachment B must accompany this invoice)*

Attestation: I hereby certify to the best of my knowledge and believe that the information contained herein accurately describes the OK TMAM activities performed by the tribal claiming unit and dates of service designated above. I have reviewed the approved applications or renewals completed either online or on paper. The total number of applications and renewals is\_\_\_\_, as indicated on the invoice. These result in allowable costs consistent with the requirements of [OMB circular A-872 CFR §200](#) and I believe they are necessary for the [performance of the Federal award as concerns the administration of the OK TMAM Plan](#).~~proper and efficient administration of the OK TMAM plan.~~

\_\_\_\_\_  
Authorized tribal personnel (print name)

\_\_\_\_\_  
Authorized tribal personnel (signature)

\_\_\_\_\_  
Date