**Western District of Virginia**

**U. S. Probation Office**

**U. S. Courts - Substance Abuse Aftercare and/or Mental Health Aftercare**

**INVOICE** - PART A

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Judicial District:
 | Western District of Virginia | 1. Purchase Order #
 |  |
| 1. Contract Agency:
 |  | 1. Delivery of Service
 |  |
| 1. Address
 |  | From: |  | To: |  |
|  |  | 1. Total Number of Federal Clients Receiving Services:
 |  |
|  |  |
| 1. Telephone
 |  |  |  |
| 1. Location of Services Rendered:
 |

6. Contractor’s Certification: I certify that all expenditures and requests for reimbursements in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the purchase order terms of agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Administrator/Designee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| 7. Item | 8. Quantity | 9. Unit Price | 10. Total Price |
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11. TOTAL FOR REIMBURSEMENT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_