SNAP E&T Program Invoice

Month and Year:
Organization Name:
Organization Address:
<< Due to DHSS by the 12th, following the end of the above Report Month.
Total # of Participants Served: # SNAP E&T Participants Served: Allocation Calc. #DIV/0!

Personal Services	Total Monthly Salary including benefits	% Billed to SNAP E&T	Total Amount SNAP E&T Expense	50% Fed Reimburse-ment Requested	Total Amount Approved	Total Left to Spend Down
		#DIV/0!	#DIV/0!	#DIV/0!		
		#DIV/0!	#DIV/0!	#DIV/0!		
		#DIV/0!	#DIV/0!	#DIV/0!		
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		#DIV/0!	#DIV/0!	#DIV/0!		
		#DIV/0!	#DIV/0!	#DIV/0!		
Personal Services Sub-Totals:	-		#DIV/0!	**#DIV/0!**	-	-

General	Total Amount	% Billed to SNAP E&T	Total Amount SNAP E&T Expense	50% Fed Reimburse-ment Requested	Total Amount Approved	Total Left to Spend Down
		#DIV/0!	#DIV/0!	#DIV/0!		
		#DIV/0!	#DIV/0!	#DIV/0!		
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		#DIV/0!	#DIV/0!	#DIV/0!		
General Sub-Totals:	-		#DIV/0!	**#DIV/0!**	-	-
Total 50% Federal Reimbursement Request for Operating				**#DIV/0!**	**-**	**-**

Supportive Service Expenses*

Type of Reimbursement	Total Amount	% Billed to SNAP E&T	Total Amount SNAP E&T Expense	Reimburse-ment Requested	Total Amount Approved	Total Left to Spend Down
		50.00%	-	-		
		50.00%	-	-		
		50.00%	-	-		
		50.00%	-	-		
		50.00%	-	-		
		50.00%	-	-		
		50.00%	-	-		
		50.00%	-	-		
		50.00%	-	-		
		50.00%	-	-		
		50.00%	-	-		
Sub-Totals:	-		-	-	-	-
Total 50% Federal Reimbursement Amount for Supportive Services:				**-**	**-**	**-**

* A log listing all supportive services paid out to each individual must be kept on file and must include participant signature, kind of support services, and dollar amount.

Total Invoice Reimbursement Request SNAP 50%	**#DIV/0!**	**-**	**-**

Certification Statement & Signature

I hereby certify that the funds used to pay for SNAP E&T services are non-Federal