



Return to: Clay County Social Service Center
715 11th Street N, Suite 102
Moorhead, MN 56560

Payment details

Payment #:	<input type="text"/>	Payment status:	<input type="text"/>
Payment type:	<input type="text"/>	Service arrangement #:	<input type="text"/>
Service arrangement:	<input type="text"/>	Service start date:	<input type="text"/> ★
Service start date:	<input type="text"/> ★	Service end date:	<input type="text"/> ★
Client name:	<input type="text"/> ★	SSIS person #:	<input type="text"/>
Workgroup:	<input type="text"/>	Service Description:	<input type="text"/> ★

Business orgs/vendors

Vendor Name:	<input type="text"/> ★	County vendor #:	<input type="text"/>	SSIS bus. org. #	<input type="text"/>
Address:	<input type="text"/> ★				
Address:	<input type="text"/> ★				
Payee vendor:	<input type="text"/>	County payee vendor#:	<input type="text"/>	SSIS bus. org #	<input type="text"/>
License #:	<input type="text"/>	IV-E sub code:	<input type="text"/>		

Programs and services

Program:	<input type="text"/>	Service:	<input type="text"/>	County sub-service:	<input type="text"/>
HCPCS/modifier:	<input type="text"/>	Location:	<input type="text"/>		

Fiscal details

Special cost code:	<input type="text"/>				
DOC points:	<input type="text"/>	Basic per diem:	<input type="text"/>	Rate:	<input type="text"/> ★
Unit type:	<input type="text"/> ★	# of units:	<input type="text"/> ★	Amount:	<input type="text"/> ★
SEAGR unit type:	<input type="text"/>	SEAGR units:	<input type="text"/>		
Chart of accounts:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accrual code:	<input type="text"/>	IVE reimbursable:	Yes No	1099:	Yes No

I/We declare under penalties of perjury that I/We are making the within claim; that I/We have examined said claim and that the same is just and true, that the money/service therein charged was actually paid/performed for the purpose therein stated; that the services charged are official and are such as are allowed by law; and no part of said claim has been paid.

Vendor Signature: _____★ Date: _____★

Approval Signature: _____ Date: _____

FOR OFFICE
USE ONLY
RECEIVED:
Date Stamp

Vendor Name:
Vendor Address:
Vendor Address:

Stamp:
Paid