

## *Specialized Support Funding Invoice*

Site Name:		Vendor #	
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Address:	
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Phone:		Date:	
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Invoice for:	
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Attendance period:	
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**Based on Attendance, \*\*, is approved for:**

Month	Number of Days Attended	Number of Hours Per Day	Staff Salary Per Hour	Total Amount
<b>Total</b>				

**Cost Centre & Account**

**2543-2170**

Submitted by:

Approved by:

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**RETURN TO:            JACKIE GALLOWAY**