City of Philadelphia

Invoice Number

Department of Human Services

Out of School Time

Invoice Cover Sheet

Current Payment Requested: **$**
Provider Name: Select an Option
Site Name: Select an Option
Mailing Address:
City:
State: **Zip Code:**
Contact Person:
Title:
Contact Person Telephone #:
Contact Person Email Address:
I certify that the attached invoice represents charges for: Select an Option
Approving Officer's Signature:
Title:
Date: