

Social Services Block Grant (SSBG - Title XX) Invoice
 DMH-TXX-013 (revised 2/12/08)

SFY 2012
 July 1, 2011 through June 30, 2012

Board Name	Board Invoice Date

Board Address	Board Contract Number

(For Service Delivered between 7/1/11 through 6/30/12)

A. July through September Allocation: (1st Quarter)	A.	
B. Amount invoiced to-date from 1st quarter allocation (if any):.....	B.	
C. Net (A - B).....	C.	\$0.00
D. Drawdown amount for Board Administration:.....	D.	
E. Drawdown amount for Agency invoices:.....	E.	
E1. Total drawdown request for 1st quarter (D + E)	E1.	\$0.00
F. Balance of funds for 1st quarter: (C - E1).....	F.	\$0.00

(For Service Delivered between 10/1/11 through 6/30/12)

A. October through December Allocation: (2nd Quarter)	A.	
B. Amount invoiced to-date from 2nd quarter allocation (if any):.....	B.	
C. Net (A - B).....	C.	\$0.00
D. Drawdown amount for Board Administration:.....	D.	
E. Drawdown amount for Agency invoices:.....	E.	
E2. Total drawdown request for 2nd quarter (D + E)	E2.	\$0.00
F. Balance of funds for 2nd quarter: (C - E2).....	F.	\$0.00

(For Service Delivered between 10/1/11 through 6/30/12)

A. January through March Allocation: (3rd Quarter)	A.	
B. Amount invoiced to-date from 3rd quarter allocation (if any):.....	B.	
C. Net (A - B).....	C.	\$0.00
D. Drawdown amount for Board Administration:.....	D.	
E. Drawdown amount for Agency invoices:.....	E.	
E3. Total drawdown request for 3rd quarter (D + E)	E3.	\$0.00
F. Balance of funds for 3rd quarter: (C - E3).....	F.	\$0.00

(For Service Delivered between 10/1/11 through 6/30/12)

A. April through June Allocation: (4th Quarter)	A.	
B. Amount invoiced to-date from 4th quarter allocation (if any):.....	B.	
C. Net (A - B).....	C.	\$0.00
D. Drawdown amount for Board Administration:.....	D.	
E. Drawdown amount for Agency Invoices:.....	E.	
E4. Total drawdown request for 4th quarter (D + E)	E4.	\$0.00
F. Balance of funds for 4th quarter: (C - E4).....	F.	\$0.00

TOTAL DRAWDOWN FOR THIS INVOICE (E1 + E2 + E3 + E4)	\$0.00
--	---------------

I certify that the Title XX funds requested in this invoice were expended in a manner consistent with Federal and State Title XX Regulations.

Board Representative Signature	Phone Number	Date Signed