

ODHS Fee for Service Contract Invoice

CF0846 (05/10/2021)

			Payee information	1				
Payee number:	1155863	Payee contact:	Nathan Webber	Invoice number:		<u>1010</u>		
Payee name:	Dynamic Life Inc	Contact email:	nathan@dynamiclifepnw.org	DHS Branch County:	Albany Lir	nn		
Payee address:	7554 Kayla Shae St, Keizer, OR 97303	Contact phone:	(503) 949-9901	Billing month/year:	March	2023		
	(Street, City, State, ZIP)			_			Validated Amount	\$83,333.33

Payee Electronic Signature

Date

Payee Invoice comments (if needed):

Total Invoice \$83,333.33

Example comment: This invoice was submitted to Newport and Coos Bay branches for approval.

Line #	Contract Number	Case Number	Participant Number	Participant Last Name	Participant First Name	Service Category	Service Type	Service Start Date	Service End Date	Rate Per Unit	Number of Units	Invoiced Amount	Service Outcome	OFS Only
1	178164					Couns & Thera Svcs	Comm.Skills Coaching			\$83,333.33	1	\$83,333.33		
1	Payee Notes:			Branch/ Office:	Albany	DHS Notes:	Monthly Payment		Payment ID:			Validation code:	OP	,