Oregon Department of Human Services

ODHS Fee for Service Contract Invoice

CF0846 (10/2022)

\$83,333.33

Validated Amount

		Payee Information		
Payee number:	1155863	Payee contact: Rylee Webber	Invoice number: SN-Oct 23	
Payee name:	Dynamic Life Inc	Contact email: rylee@dynamiclifepnw.org	ODHS Branch County: Albany Linn	
Payee address:	7554 Kayla Shae St NE Keizer, OR 97303	Contact phone: 503 602 2044	Billing month/year: October 2023	
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(Street, City, State, ZIP)

Rylee Webber

11/1/2023

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					Counseling & Therapeutic	Coaching - Youth & Family	10/1/2023	10/31/2023	\$83,333.33	1	\$83,333.33		Paid 11/30/23 CF
1	Payee Notes:			Branch/Office:	Albany	ODHS Notes:			Payment ID:	16986205		Validation Code:	ОР	