



Georgia Department of Human Resources

Bill for Services Rendered

Sec. 1 Approving authority should complete all fields with bold headings in this section.

Vendor Name				Vendor ID		Location		Payment Terms			
Invoice Date		Invoice #		Invoice Amt		Description					
Fund	Organization Code			Sub-class		BY					
A1											
Account		Project / Speedchart		Program		Program Amt		Program		Program Amt	
Account		Project / Speedchart		Program		Program Amt		Program		Program Amt	
Handling Code			Pay by (Mark One)		Check	EFT	Paydate		Acctg Template		
FP									ACCTSPAY1		

Sec. 2 Payee or approving authority should complete all items in this section.

Professional Title				Degree Held										
Make payment to:	Name of Payee													
	Address line 1													
	Address line 2													
	City				State				Zip Code					

Sec. 3 Payee should complete all items in this section.

I hereby certify the validity of this statement of my services, hours and expenses and that :											
Check one		I am not a full time salaried employee of any state agency.				Remember: Page 2 must be completed to assure payment.					
		I am a salaried employee of a state agency. In accordance with the provisions of OCGA 45-10-24 & 45-10-25 & DHR Policy 1203, the necessary authorization for services has been obtained.				Agency name					
Payee Signature						Date					

I approve the foregoing request and authorize payment. In addition, I certify that all provisions of OCGA 45-10-24 & 45-10-25 are met if applicable.			
Approval Signature		Date	
Print or type name of approver		Phone	

Processed by OFS Staff
Member

Date

Voucher #



DHR Bill for Services Rendered

In accordance with appropriate authorization, I have served as a part-time professional consultant to the Georgia Department of Human Resources for the time shown below:

Sec. 4 Services / Hours

Monthly Retainer (if applicable)

Date(s) of Service	Place of Service	Description of Service / Purpose of Travel	Number of Hours
Explain any expenses that are unusual or exceed established limits; Explain telephone & telegraph charges.			Total

Sec. 5 Expenses

Date	A. Transportation (Complete only those items for which you are claiming reimbursement)					B. Meals & Lodging (Entries should not exceed maximum rates & must include city where meals were taken)					C. Telephone & Telegraph Explain Above	D. Registration Attach Receipt		
Month Day	Time Departure	Origin - Points Visited	State Use Mileage	Common Carrier, Parking or Tolls	Taxi, Limousine or Portage	Brkfst	Lunch	Dinner	Total Meals	Lodging Attach Receipt				
	Personal Vehicle	Attach Receipt		Amnt	Amnt	Amnt						
	Return	Destination				Loc	Loc	Loc						
Subtotals			-	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -		
TOTALS			\$ -	A. Transportation		\$ -		B. Meals & Lodging			C.	D.		
Total Reimbursement Claimed (A + B + C + D)										\$ -				



Georgia Department of Human Resources

Expenditure Transaction Continuation Sheet

Instructions:

1. Fill out the first line in its entirety. The amount in each line refers to the amount that should be recorded to the program or to the speedchart, whichever of the two is used.
2. For subsequent lines, enter only the information that is different from the line immediately above it.

Total Amount

Account	Fund	Org Code	Sub-class	BY	Project/Speedchart	Program	Amount
	A1						

Account	Fund	Org Code	Sub-class	BY	Project/Speedchart	Program	Amount
	A1						

Account	Fund	Org Code	Sub-class	BY	Project/Speedchart	Program	Amount
	A1						

Account	Fund	Org Code	Sub-class	BY	Project/Speedchart	Program	Amount
	A1						

Account	Fund	Org Code	Sub-class	BY	Project/Speedchart	Program	Amount
	A1						

Account	Fund	Org Code	Sub-class	BY	Project/Speedchart	Program	Amount
	A1						

Account	Fund	Org Code	Sub-class	BY	Project/Speedchart	Program	Amount
	A1						

Account	Fund	Org Code	Sub-class	BY	Project/Speedchart	Program	Amount
	A1						

Voucher # _____

Account	Description
651001	PD&F-Architect
651002	PD&F-Attorney
651003	PD&F-Consultant
651004	PD&F-Board Member
651005	PD&F-Physicians
651006	PD&F-Engineers
651010	PD&F-Other Fees
651011	PD&F-3rd Party Attorney
651012	PD&F-3rd Party Consultant
651013	PD&F-3rd Party Other Fees
651014	PD&F-Nurse
651015	PD&F-Psychologist
651016	PD&F-Psychiatrist
651017	PD&F-Interpreter
651018	PD&F-CPA
651055	PD&F-Court Report Hearing Exp
651056	PD&F-Temporary Services
652001	PD&F-Exp-Reimbursable Exp
652002	PD&F-Exp-Third Party Expense
652003	PD&F-Exp-3rd Party-Hear Trans