

DEPARTMENT OF HUMAN RESOURCES
Baltimore City Department of Social Services
Homeless Emergency Environmental Services Unit
1920 N. Broadway
Baltimore, MD 21213

Transitional Shelter and Human Services for Single Adults
MONTHLY INVOICE

CONTRACTOR'S NAME and ADDRESS:	Federal Tax I.D. #:	Contract #:	
	Report Month and Year:	Purchase Order #:	
Monthly Expense (Please remit monthly payment in amount of 1/12 of the annual contract amount)	Approved Budget	Available Balance	Year-to-Date Expenditures

Certified By:

 Contractor (Authorized Signer) (must sign and date in blue ink) Date

FOR BCDSS HEESU USE ONLY
Approved for payment on _____ by _____