

House of New Hope
PER DIEM INVOICE

FAX to (888) 206-4492

Month _____ **Year** _____

- ✓ This invoice covers an entire month.
- ✓ All invoices must be received on or before the 5th day of the following month, even if the 5th day is on a weekend.
- ✓ Per Diem checks will be ready for pickup no later than the 25th of the month unless your invoice was received late.
- ✓ NO Per Diem checks will be issued without a completed invoice.

Child Name	County	Arrive Date	Discharge Date	# of Nights	Level of Care	Per Diem Rate	Amount Due

Total Due: \$ _____

Foster Parent: _____

Address: _____

City/State/Zip: _____

Contact Number: _____

Email: _____

Foster Parent Signature & Date: _____