

House of New Hope

PER DIEM INVOICE

FAX to (888) 600-6599

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 is on a weekend. Per Diem checks will be ready for pickup no later than the 25th of the month. Invoices received after the 6th may result in late checks. NO per diem checks will be issued without an invoice. Checks not picked up by 4pm on the 25th will be mailed.

Case Name	County	Arrive Date	Discharge Date	Number of Nights	Level of Care	Per Diem Rate	Amount Due

Total Due: _____

Foster Parent _____

Address _____

City/State/Zip _____ Phone _____

Email _____

Foster Parent Signature & Date: _____