## **VENDOR INVOICE FOR GOODS OR SERVICES** RENDERED TO THE STATE OF CONNECTICUT

CO-17 Rev 7/13

Please complete this form and send it to the

STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER ACCOUNTS PAYABLE DIVISION

**VENDOR:** DEPARTMENT BILLING ADDRESS SHOWN ON PURCHASE ORDER Invoice Number **Business Unit Name** Business Unit Number Invoice Amount **DPH** TΒ Accounting Date . VENDOR FEIN/SSN - SUFFIX Document Date Invoice Date Rpt. Type VENDOR/PAYEE: FIELDS 8, 9, 10, 14 and 18 ARE MANDATORY FOR PAYMENT (10) (11) Voucher Number Payee: Address: (12)Address: Voucher Date: City: State: Zip: Prepared by: (13) VENDOR BILLING COMMENTS: (16)(17)(14)(15)(18)Units **Unit Price** Quantity Amount Give a full description of goods or services Services in connection with the Tuberculosis Control Program in accordance with Conn. Gen. Stat. § 19a-255 as follows: I hereby certify that (1) this is a valid claim for the treatment and care of tuberculosis; (2) said claim has not been paid; (3) all efforts have been made to obtain payment for said services from all potential third-party payers; (4) no outstanding requests for payment for said services are currently pending with the patient or third-party; (5) I will not submit a billing request for said services to the patient or any third-party after the date hereof; and (6) if I receive payment for said service from anyone other than the State, I will promptly contact the Department of Public Health and comply with its reimbursement instructions. XX Total: Signature of Authorized Person (Print or Type Name & Title) **BUSINESS UNIT USE ONLY** (27) (19)(23)(24)(25)(28)(29)(30)(26)FUND Amount Department Account Project CFDA 12004 DPH48666 16112 DPH16112XRYSCRN 42003 (31) **DEPARTMENT NAME AND ADDRESS:** (32) PO NO. COMMODITIES RECEIVED or SERVICES RENDERED- Signature STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH (DPH AUTHORIZED SIGNATURE) 410 CAPITOL AVENUE, MS# 11TUB (34) PO BUS UNIT (36) Receiving Report No. (37) Date of Receipt PO BOX 340308 HARTFORD, CT. 06134-0308 SHIPPING INFORMATION (38) Date shipped (39) From City/State (40) Via Carrier (41) F.O.B.