

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TRANSITIONAL ASSISTANCE
INVOICE FOR SPECIAL SERVICES

State Tax Exempt Cert. #E04-60-02-284

SECTION I

1 CONTROL NUMBER

6717467
94/07

VENDOR INVOICE SECTION II

2 VENDOR NAME AND ADDRESS (last name first)

Graham, Putnam & Mahoney
838 Main St
Worcester, MA 01616

3 TAXPAYER IDENTIFICATION NO.
04-1383255

4 CHECK ONE
 Social Sec Number
 Employer ID No.

5 VENDOR TELEPHONE NUMBER
508-754-1717

6 BILLING DATE
5/19/99

7 AMOUNT OF CHARGE
1100.00

Read certification on reverse side. CHANGE IN NAME OR ADDRESS

The person whose signature appears below certifies that he/she has read these statements on the reverse side and that such statements apply to this claim and are incorporated herein.

Signed under the pains and penalties of perjury.

SIGNATURE OF VENDOR: *[Signature]* DATE: 5/19/99

SIGNATURE OF CLIENT: _____ DATE: _____

DO NOT WRITE BELOW - FOR DEPARTMENT USE ONLY

AUTHORIZATION SECTION III

8 CLIENT NAME AND ADDRESS (last name first)

Worcester, MA 01608

11 CATEGORY
4

12 CASE SSN

13 BENEFIT
0

14 SITUATION

15 PROCEDURE CODE
541

16 HOUSEHOLD SIZE
1

DATE FROM EA / ER1 IF APPLICABLE

9 Approval is given for the following item or service:
Burial expenses

17 DATE OF REQUEST
042799

18 AUTHORIZATION DATE
051499

19 FIRST DATE OF SERVICE
051499

20 LAST DATE OF SERVICE
051499

10 In an amount not to exceed (write out)
Eleven hundred dollars

21 UNITS
X

22 UNIT COST
=

23 AMOUNT APPROVED
1100

CHECK FROM OTHER SOURCE
24 CODE

25 CHECK NUMBER

FROM EA/ER1 FORM

26 AUTHORIZATION NUMBER

START 30 DAY AUTH. PERIOD

27 FFP

28 SERVICE CODE	29 DATE OF REQUEST	30 DATE OF NOTIFICATION	31 DATE OF VERIFICATION	32 DATE SERVICE PROVIDED
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33 MISCELLANEOUS

34 ARREARS

35 REGION
3

36 OFFICE
352

37 CAN
111

ERROR CODE
45

OVERRIDE WAIVER
46

38 LOCAL OFFICE ADDRESS AND TELEPHONE NUMBER

SIGNATURES		I.D.
39 PREPARED BY <i>[Signature]</i>		40 111
41 AUTHORIZED BY <i>[Signature]</i>		42 110
43 CENTRAL OFFICE / DIRECTOR		44 44

PAYMENT PROCESSING SECTION IV (For Accounting Unit Use Only)

47 VENDOR NUMBER
200352-0

48 PROCESSED BY

49 DATE RECEIVED

50 AMOUNT TO BE PAID

SEE REVERSE SIDE FOR INSTRUCTIONS

VENDOR COPY

19-001-1185-40

SSPS-1-9/96 100M 1402201-00

DEPARTMENT OF TRANSITIONAL ASSISTANCE
INVOICE FOR SPECIAL SERVICES

SECTION I
CONTROL NUMBER 0111430
44570

State Tax Exempt Cert. #E04-60-02-284

VENDOR INVOICE SECTION II

VENDOR NAME AND ADDRESS (last name first)
MAYNARD, PATRICIA MARGARET
FUNERAL HOME
MAINE ST
WORCESTER, MA 01609

3 TAXPAYER IDENTIFICATION NO.
04-1383255

4 CHECK ONE
 Social Sec. Number
 Employer ID No.

5 VENDOR TELEPHONE NUMBER
508-754-1717

6 BILLING DATE
5/21/99

7 AMOUNT OF CHARGE
1100.00

Sign participation on reverse side. CHANGE IN NAME OR ADDRESS
The person whose signature appears below certifies that he/she has read these statements on the reverse side and that such statements apply to this claim and are incorporated herein.
Signed under the pains and penalties of perjury.
SIGNATURE OF VENDOR: [Signature] DATE: 5/21/99

SIGNATURE OF CLIENT: _____ DATE: _____

DO NOT WRITE BELOW - FOR DEPARTMENT USE ONLY

AUTHORIZATION SECTION III

8 CLIENT NAME AND ADDRESS (last name first)
WORCESTER, MA 01609

11 CATEGORY
1

12 CASE SSN

13 BENEFIT
-0-

14 SITUATION

15 PROCEDURE CODE
541

16 HOUSEHOLD SIZE
1

9 Approval is given for the following item or service:
BURIAL EXPENSES

17 DATE OF REQUEST
05-17-99

18 AUTHORIZATION DATE
05-20-99

19 FIRST DATE OF SERVICE
05-20-99

20 LAST DATE OF SERVICE
05-20-99

10 In an amount not to exceed (write out)
ELEVEN HUNDRED DOLLARS

21 UNITS

22 UNIT COST
X

23 AMOUNT APPROVED
1100.00

CHECK FROM OTHER SOURCE
24 CODE

25 CHECK NUMBER

FROM EA/ET FORM

26 AUTHORIZATION NUMBER

START 30 DAY AUTH. PERIOD

27 FFP

CORNELIUS DATA
28 SERVICE CODE
29 DATE OF REQUEST
30 DATE OF NOTIFICATION
31 DATE OF VERIFICATION
32 DATE SERVICE PROVIDED

33 MISCELLANEOUS

34 ARREARS

35 REGION
3

36 OFFICE
630

37 CAN
311

ERROR CODE
45

VERRIDE WAIVER
46

38 LOCAL OFFICE ADDRESS AND TELEPHONE NUMBER
WORCESTER ST. 126 611
9 WILMOT ST
WORCESTER, MA 01609

SIGNATURES
39 PREPARED BY: [Signature] 40 I.D. 311
41 AUTHORIZED BY: [Signature] 42 I.D. 310
43 CENTRAL OFFICE / DIRECTOR 44 I.D. 44

PAYMENT PROCESSING SECTION IV (For Accounting Unit Use Only)

47 VENDOR NUMBER
200302/0

48 PROCESSED BY

49 DATE RECEIVED

50 AMOUNT TO BE PAID

SEE REVERSE SIDE FOR INSTRUCTIONS

VENDOR COPY