LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION

Provider Name:_____

Address: _____ DDAP #: _____

TRAINING INVOICE

To: Lancaster County
Drug and Alcohol Commission
150 North Duke Street
Lancaster PA 17603

For the Month of:_____

Invoice Date: _____

Date of Training	Training Description	Attendee Name	# of Hours	Rate	Total
				$40 p/h	
				$40 p/h	
				$40 p/h	
				$40 p/h	
				$40 p/h	
				$40 p/h	
				$40 p/h	
				$40 p/h	
		TOTAL			

The SCA will pay up to 25 hours of training per year per clinician.

I attest that the above information is true and correct. At a minimum, 80% of this reimbursement will be given to the attendee if the attendee is not a full-time employee of the facility.

_____ _____
Employee Name Print Name

_____ _____
Facility Supervisor Approval Print Name

_____ _____
Supervisor E-Mail Address Supervisor Phone Number

S://0D&A Fiscal Forms and Documents/Invoices/Training Invoices
10/13/23