

Lancaster County Drug and Alcohol Commission Office Case Management Invoice Form

Facility:	
Contact Person:	
Email:	

Month/Year:	
D&A Case Manager:	

Number of Active CM clients served with Primary Opioid/Stimulant Addiction this month	
Number of Active CM clients served with Primary Alcohol/Other Addiction this month	
Total CM clients	

Number of Days worked this month (excludes holidays, vacations, sick, etc.):			
Total number of hours worked in month:		X \$36/hour =	Total Invoice
			\$

Signature

Date Submitted

Phone