

Lancaster Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS 40b Non-Core Training Invoice
<i>Most Current Revision: 06/21/2022</i> <i>Page: 1 of 1</i> <i>Effective Date: 06/21/2022</i>	

Prior to completing this Non-Core Training Invoice, review policy *CMCS 40 Training Reimbursement for Outpatient Treatment Service Providers*.

___ Checking the box indicates that the policy *CMCS 40 Training Reimbursement for Outpatient Treatment Service Providers* was reviewed:

This completed document is be emailed to: DrugAlcohol@co.lancaster.pa.us

- **Employee Name:**
- **Provider Name:**
- **Provider DDAP #:**
- **Billing Month:**
- **Today's 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	
				\$40 p/h	
<i>TOTAL</i>					

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 Signature:

Supervisor Signature:

Printed Name of Supervisor:

Supervisor email: