

NEBRASKA GAMBLERS ASSISTANCE PROGRAM

GAP-1 CLAIM INVOICE 2018-2019

CONTRACTOR'S NAME

DATE OF REQUEST

MONTH SERVICES RENDERED

THE UNDERSIGNED CONTRACTOR REQUESTS PAYMENT FOR THE FOLLOWING

TYPE OF SERVICE	UNIT TYPE	RATE	# of UNITS	SUB-TOTAL	YEAR TO DATE
ASSESSMENT	Each	\$315.00		\$0.00	
ADDENDUM	Each	\$115.00		\$0.00	
CRISIS (NON-ADMITTED)	Hour	\$100.00		\$0.00	
INDIVIDUAL (OP & IOP)	Hour	\$100.00		\$0.00	
FAMILY (OP & IOP)	Hour	\$100.00		\$0.00	
GROUP (OP/IOP/Aftercare)	Hour	\$100.00		\$0.00	
TOTAL TREATMENT SERVICES				\$0.00	
ADMIN 5% OF CONTRACT	ONE-TWELFTH PER MONTH				
MILEAGE WITH SUPPORTING LOG ATTACHED					
PREVENTION, EDUCATION, OUTREACH WITH DETAIL ATTACHED					
TOTAL AMOUNT OF THIS REQUEST				\$0.00	

Authorized Signature

Title

Date

Enclose proper supporting documentation and bill to address below:

Nebraska Commission on Problem Gambling
 700 South 16th Street
 Lincoln NE 68508