

NEBRASKA GAMBLERS ASSISTANCE PROGRAM

GAP-1 CLAIM INVOICE 2021-22

EFFECTIVE JAN. 1, 2022

| | | |
|--------------------------|------------------------|--------------------------------|
| 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 | YR TO DATE |
|---|------------------|-------------|-------------------|------------------|-------------------|
| ASSESSMENT | Each | | | | |
| ADDENDUM | Each | | | | |
| URGENT CARE | Hour | | | | |
| INDIVIDUAL | Hour | | | | |
| FAMILY | Hour | | | | |
| GROUP | Hour | | | | |
| TOTAL TREATMENT SERVICES | | | | | |
| | | | | | |
| MILEAGE WITH SUPPORTING LOG ATTACHED | | | | | |
| | | | | | |
| TOTAL AMOUNT OF THIS REQUEST | | | | | |

| | | |
|--|--|--|
| | | |
|--|--|--|

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

PAYMENT APPROVED BY: _____

DATED: _____

CONTRACT NUMBER: _____

PURCHASE ORDER NUMBER: _____