

\*\*\*\*EXAMPLE\*\*\*\*

# ROUND 2 PHFA/FMCI LEGAL Monthly Invoice

Agency Number/ID \_\_\_\_\_

1. Name of Legal Agency: ABC AGENCY/ GRANTEE

Address: 111 Mickey Mouse Lane  
Anywhere, PA 11111

2. Reporting Period: \_\_\_\_\_

3. Reporting Month: \_\_\_\_\_

4. Number of Clients Counseled This Reporting Period: \*\*\*SAMPLE\*\*\*

Counseling Type	Reimbursement	Total Clients	Total Due
Total Clients-Fee 1	\$ 250.00	1	\$ 250.00
Total Clients-Fee 2	\$ 350.00	2	\$ 700.00
Total Clients-Fee 3	\$ 500.00	4	\$ 2,000.00
<b>Total Payment Due to Agency</b>		<b>7</b>	<b>\$ 2,950.00</b>

5. Signature of Person Authorized to Sign this Report:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send Bill -Attention To: Gena Fairfax-Hudson  
211 North Front Street  
Harrisburg PA 17101  
[ghudson@phfa.org](mailto:ghudson@phfa.org)

**S  
A  
M  
P  
L  
E**

INVOICE NUMBER \_\_\_\_\_ EXAMPLE: 01-09-211  
(Mo-Yr-Agency #)