## **BILLING INVOICE & PERFORMANCE AGREEMENT TERMS**

TO: CATHERINE KELLY BAIRD, EXECUTIVE DIRECTOR

FAX Number: (916) 654-9821 Phone Number: (916) 654-8055

GOVERNOR'S COMMITTEE FOR EMPLOYMENT OF DISABLED PERSONS

P.O. Box 826880, MIC 41 SACRAMENTO, CA 94280-0001

FROM (Provider of	`Service): Name:_			
		Last	First	
Social Security Nun	nber:			
Address:				
	Street			
	City	State	Zip	
Day Telephone:	()	Night T	Telephone: ( )	
FAX Number: (	)			
Service Provided (sp	pecify):			
Date(s) Service Pro	vided:			
	Γ	Cotal Amount of Payment	Due = \$	
I understand that pa	yment may not be	received for up to 21 days af	ter the provision of my service.	
Provider of Service:				
		Signature	Date	
Approved by:				
(Governor's Committee	Representative)	Signature	Date	
MAIL TO:	c/o Calif 800 Cap	of the CGCEDP, Inc. Cornia Governor's Committee itol Mall, Room 1022, MIC - nto, CA 95814		