

**CINCINNATI/HAMILTON COUNTY CONTINUUM OF CARE FOR THE HOMELESS, INC.
CLAIM VOUCHER/INVOICE**

CLAIMANT AGENCY	
CLAIMANT ADDRESS	
INVOICE DATE	
VENDOR INVOICE NUMBER	
CONTRACT NUMBER	
BILLING PERIOD	

MEMO

Total: \$

THIS CERTIFICATE MUST BE EXECUTED BY CLAIMANT.

The undersigned hereby certifies that the goods or services specified above have been shipped or performed and that payment thereof has not been received.

CLAIMANT _____ By _____ TITLE _____
(NAME OF VENDOR) (SIGNATURE)

FOR COC USE ONLY

REVIEWED BY: _____
(SIGNATURE)

APPROVED ON: _____
(DATE)