

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF TRANSITIONAL ASSISTANCE  
INVOICE FOR SPECIAL SERVICES

State Tax Exempt Cert. #E04-60-02-284

SECTION I

1 CONTROL NUMBER

6717467  
94/07

VENDOR INVOICE SECTION II

2 VENDOR NAME AND ADDRESS (last name first)

Graham, Putnam & Mahoney  
838 Main St  
Worcester, MA 01616

3 TAXPAYER IDENTIFICATION NO.  
04-1383255

4 CHECK ONE  
 Social Sec Number  
 Employer ID No.

5 VENDOR TELEPHONE NUMBER  
508-754-1717

6 BILLING DATE  
5/19/99

7 AMOUNT OF CHARGE  
1100.00

Read certification on reverse side.  CHANGE IN NAME OR ADDRESS

The person whose signature appears below certifies that he/she has read these statements on the reverse side and that such statements apply to this claim and are incorporated herein.

Signed under the pains and penalties of perjury.

SIGNATURE OF VENDOR: *[Signature]* DATE: 5/19/99

SIGNATURE OF CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DO NOT WRITE BELOW - FOR DEPARTMENT USE ONLY

AUTHORIZATION SECTION III

8 CLIENT NAME AND ADDRESS (last name first)

Worcester, MA 01608

11 CATEGORY  
4

12 CASE SSN

13 BENEFIT  
0

14 SITUATION

15 PROCEDURE CODE  
541

16 HOUSEHOLD SIZE  
1

DATE FROM EA / ER1 IF APPLICABLE

9 Approval is given for the following item or service:  
Burial expenses

17 DATE OF REQUEST  
042799

18 AUTHORIZATION DATE  
051499

19 FIRST DATE OF SERVICE  
051499

20 LAST DATE OF SERVICE  
051499

10 In an amount not to exceed (write out)  
Eleven hundred dollars

21 UNITS  
X

22 UNIT COST  
=

23 AMOUNT APPROVED  
1100

CHECK FROM OTHER SOURCE  
24 CODE

25 CHECK NUMBER

FROM EA/ER1 FORM

26 AUTHORIZATION NUMBER

START 30 DAY AUTH. PERIOD

27 FFP

28 SERVICE CODE	29 DATE OF REQUEST	30 DATE OF NOTIFICATION	31 DATE OF VERIFICATION	32 DATE SERVICE PROVIDED
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33 MISCELLANEOUS

34 ARREARS

35 REGION  
3

36 OFFICE  
352

37 CAN  
111

ERROR CODE  
45

OVERRIDE WAIVER  
46

38 LOCAL OFFICE ADDRESS AND TELEPHONE NUMBER

SIGNATURES		I.D.
39 PREPARED BY <i>[Signature]</i>		40 111
41 AUTHORIZED BY <i>[Signature]</i>		42 110
43 CENTRAL OFFICE / DIRECTOR		44 44


PAYMENT PROCESSING SECTION IV (For Accounting Unit Use Only)

47 VENDOR NUMBER  
200352-0

48 PROCESSED BY

49 DATE RECEIVED

50 AMOUNT TO BE PAID

DEPARTMENT OF TRANSITIONAL ASSISTANCE  
INVOICE FOR SPECIAL SERVICES

SECTION I  
CONTROL NUMBER 0111430  
44570

State Tax Exempt Cert. #E04-60-02-284

VENDOR INVOICE SECTION II

VENDOR NAME AND ADDRESS (last name first)  
MAYNARD, PATRICIA MARGARET  
FUNERAL HOME  
MAINE ST  
WORCESTER, MA 01609

3 TAXPAYER IDENTIFICATION NO.  
04-1383255

4 CHECK ONE  
 Social Sec. Number  
 Employer ID No.

5 VENDOR TELEPHONE NUMBER  
508-754-1717

6 BILLING DATE  
5/21/99

7 AMOUNT OF CHARGE  
1100.00

Signature of Vendor: *[Signature]*  
DATE: 5/21/99

Signature of Client: \_\_\_\_\_ DATE: \_\_\_\_\_

DO NOT WRITE BELOW - FOR DEPARTMENT USE ONLY

AUTHORIZATION SECTION III

8 CLIENT NAME AND ADDRESS (last name first)  
WORCESTER, MA 01609

11 CATEGORY  
1

12 CASE SSN

13 BENEFIT  
-0-

14 SITUATION

15 PROCEDURE CODE  
541

16 HOUSEHOLD SIZE  
1

9 Approval is given for the following item or service:  
BURIAL EXPENSES

17 DATE OF REQUEST  
05-17-99

18 AUTHORIZATION DATE  
05-20-99

19 FIRST DATE OF SERVICE  
05-20-99

20 LAST DATE OF SERVICE  
05-20-99

10 In an amount not to exceed (write out)  
ELEVEN HUNDRED DOLLARS

21 UNITS

X

22 UNIT COST

=

23 AMOUNT APPROVED  
1100.00

CHECK FROM OTHER SOURCE  
24 CODE

25 CHECK NUMBER

FROM EA/ER1 FORM

26 AUTHORIZATION NUMBER

START 30 DAY AUTH. PERIOD

27 FFP

CORNELIUS DATA  
28 SERVICE CODE  
29 DATE OF REQUEST  
30 DATE OF NOTIFICATION  
31 DATE OF VERIFICATION  
32 DATE SERVICE PROVIDED

33 MISCELLANEOUS

34 ARREARS

35 REGION  
3

36 OFFICE  
630

37 CAN  
311

ERROR CODE  
45

VERRIDE WAIVER  
46

38 LOCAL OFFICE ADDRESS AND TELEPHONE NUMBER  
WORCESTER ST. 126 611  
9 WILMOT ST  
WORCESTER, MA 01609

SIGNATURES  
39 PREPARED BY: *[Signature]* 40 311  
41 AUTHORIZED BY: *[Signature]* 42 310  
43 CENTRAL OFFICE / DIRECTOR 44

PAYMENT PROCESSING SECTION IV (For Accounting Unit Use Only)

47 VENDOR NUMBER  
200302/0

48 PROCESSED BY

49 DATE RECEIVED

50 AMOUNT TO BE PAID

SEE REVERSE SIDE FOR INSTRUCTIONS

VENDOR COPY