

# DCT BOARD MEMBER INVOICE

DATE:

**TO:** Direct Care and Treatment  
3200 Labore Road  
Suite 104  
Vadnais Heights, MN 55110

**INVOICE #**

EMAIL TO: [lynn.glancey@state.mn.us](mailto:lynn.glancey@state.mn.us)  
and  
[Theresa.Culp@state.mn.us](mailto:Theresa.Culp@state.mn.us)

**MEMBER NAME**

## DATES OF SERVICE

## VENDOR ID

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

QTY

## DESCRIPTION

**BOARD AUTH. DATE**

PER DAY

**LINE TOTAL**

**BOARD CHAIR/VICE CHAIR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_