

# DCT BOARD MEMBER INVOICE

DATE:

INVOICE #

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

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

QTY	DESCRIPTION	BOARD AUTH. DATE	PER DAY	LINE TOTAL
	Executive Board Activities			
	Childcare Expenses Incurred			
	Mileage _____ miles x \$0.70			
TOTAL				

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