**INVOICE TRACKING FORM**

Use this form to keep track of the invoices you submit to CMHA. Please DO NOT return it with your invoices.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorization Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **INVOICE DATE** | **SERVICE PROVIDER/ITEM(S) PURCHASED** | **INVOICE AMOUNT** | **DATE CHEQUE RECEIVED** | **DECLINING BALANCE** |
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Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **INVOICE DATE** | **SERVICE PROVIDER/ITEM(S) PURCHASED** | **INVOICE AMOUNT** | **DATE CHEQUE RECEIVED** | **DECLINING BALANCE** |
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