INSTRUCTIONS FOR MONTHLY REIMBURSEMENT REQUEST USING A STATE OF TEXAS PURCHASE VOUCHER (DSHS FORM B-13)

Instructions Updated 3/31/08

SECTION	*ENTRY*
6. Order (document) Date	Date voucher is submitted for payment.
9. Payee I.D. No.	Performing Agency's 14 digit code number assigned by the State Comptroller's Office.
13 Document Amount	The net amount for which you are billing DSHS for the period indicated in Section 19
14. Payee name/address	Name, Address, City, State, Zip of the Performing Agency. This information must coincide with **Section 9** (Payee I.D. No.) and State Comptroller's Office records or issuance of the payment warrant may be delayed.
19. Ser/Del Date	The month in which costs were incurred (accrual basis) or costs were paid (cash basis). In the case of advance payment, the date should be the first month of the contract term.
20. Description of Goods or Services	Provide description.
Reimbursement Statement	Reimbursement for services as specified in the contract between the Texas Department of State Health Services and (name of Performing Agency). Contract term: __/__/__ thru __/__/__
OR	
Advance Statement	Advance Payment for services to be performed as specified in the contract between the Texas Department of State Health Services and (name of Performing Agency) Contract term: __/__/__ thru __/__/__
AND	
Program	Enter the appropriate DSHS Program name.
Type of Entity	Enter the entity type which best describes your organization: **College or University, Government, Non-Profit , For Profit or State Agency**
DSHS Document No./ Attachment No.	The number assigned to the contract by DSHS. (i.e. 7777777777-2002-01)
21 & 22. Quantity/Unit Price	Required on fee for service contracts.
23. Amount	Total expenses incurred for the period indicated in Section 19 Less: Program Income Less: Non-DSHS Funding Less:The amount of any refunds (if any). Provide explanation in Section #20. Less: The amount of advance repayment (if any) Net Reimbursement Requested (same as #13 above)
24. Contact name	Enter name and phone number of person responsible for this account.

ONLY THE ABOVE SECTIONS WILL BE COMPLETED BY THE CONTRACTOR. ALL OTHER SECTIONS, *INCLUDING SECTIONS #25 & 26*, SHOULD BE LEFT BLANK.

Texas Department of State Health Services
Accounts Payable - Grants
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