

STATE OF MARYLAND  
DEPARTMENT OF HUMAN RESOURCES  
Baltimore City LOCAL DEPARTMENT OF SOCIAL SERVICES

**PURCHASE AUTHORIZATION AND INVOICE**  
(Prepare in Duplicate: Original to Vendor; Duplicate to Finance Officer)

**VENDOR:**

(Name and Address - Print or Type)

~~1830 East Monument St  
9<sup>th</sup> Flr ACS Office  
Baltimore, MD 21205~~

**CASE INFORMATION:**

Name: \_\_\_\_\_

Client ID#: \_\_\_\_\_

Category: Medical Assistance

**AUTHORIZATION SIGNATURES:**

Worker: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**SERVICES OR MATERIALS AUTHORIZED:**

**COST NOT EXCEED:**

\$ 100.00

	Attendance during months of full-time on-campus school program in child care facility.
	Burial
	Day Care
	Initial Clothing
	Group Home
	Eye Examination (Report of Eye Examination, form DHR/SSA 701 must accompany invoice; payment made after State Review). Review in hand.
X	Medical Examination (Medical Examination Record, Form 402, must accompany invoice; payment after State Review). Payment will <u>not</u> be authorized for an incomplete form. (Not to exceed \$60.00)
	Other (Specify) Lab Fees not exceed \$40.00 (if not included in exam)

**INVOICE: (Do Not Detach)**

LOCAL DEPARTMENT OF SOCIAL SERVICES:	VENDOR: (Print or Type)
SERVICES OR MATERIALS FURNISHED:	AMOUNT: \$ <u>60.00</u>
Completion of Medical Examination Record, Form 402b	TOTAL: \$ <u>60.00</u>

VENDOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

VENDOR FEDERAL ID OR SOCIAL SECURITY NUMBER: \_\_\_\_\_