

Section 2

PERFORMANCE **MANAGEMENT**

REPORTING and BILLING

Types of Submissions

Programmatic reporting for the Title V Population-based contracts will occur through the submission of the *List of Completed Deliverables* (Attachment A with instructions) and the attached evidence of completed deliverables.

Fiscal submissions will occur through the State Vouchers (Form B-13) submitted for payment of deliverables. Detailed procedures for billing and submission using the State Voucher are described below in *Billing Instructions*.

All contractor forms for reporting and billing will be provided in downloadable files at the following web link:

http://www.dshs.state.tx.us/chscontracts/all_forms.shtm#titleVpop

Programmatic Reports for Deliverables

For the purpose of program monitoring of the Title V Population-based projects, contractors will submit the *List of Completed Deliverables* (Attachment A) **and attach the evidence of completed deliverables** to the assigned Regional Coordinator (see *Contact Information* in Section 2). Each deliverable has a due date for submission to DSHS and a predetermined amount to be reimbursed when completed deliverables are approved by DSHS.

Fiscal Submissions For Reimbursements

Contractors will submit State Vouchers (Form B-13) for reimbursement of Title V Population-based services. The amount requested for reimbursement for each deliverable must reflect the exact predetermined amount for that deliverable. Billing and submission instructions for the State Voucher follow.

Billing Instructions Using DSHS Form B-13 (State Voucher)

The following link contains the State Voucher (Form B-13), which can be downloaded for use:

http://www.dshs.state.tx.us/chscontracts/all_forms.shtm#titleVpop

A sample completed voucher and specific, detailed instructions for completing the vouchers for the Title V Population-based contracts are located in Attachment F.

For general questions on completing Form B-13, please call Rene Perea in the DSHS Claims Processing Unit at (512) 458-7435, ext. 2270, for assistance.

State Vouchers must identify all required information. Incorrect or missing contract and attachment numbers may delay payment. Billings for the Title V Population-based contracts must be placed on a separate voucher from billings for any other Title V contract attachment, such as Title V Fee For Service.

Submission of State Vouchers (Form B-13)

Once deliverables are completed and submitted, contractors will submit vouchers *simultaneously* to these two DSHS offices:

<p>DSHS Title V & Health Resources Development Office Role: Approval of vouchers based on completed deliverables</p>	<p>DSHS Claims Processing Office Role: Process approved vouchers for payment</p>
<p>Options for submission – please select only one:</p> <p>Email to FY06TitleVPop-based@dshs.state.tx.us</p> <p>Mail to DSHS Title V & Health Resources Development Office Moreton Bldg., Room 355 Mailcode: 1920 1100 West 49th Austin, TX 78756</p>	<p>Options for submission – please select only one:</p> <p>Email to invoices@dshs.state.tx.us</p> <p>Mail to DSHS Claims Processing Unit G-Bldg., Room 208 Mailcode: 1940 1100 West 49th Austin, TX 78756</p>
	<p>Fax to (512) 458-7442</p>

Altering of Forms

The State Voucher (Form B-13) may not be altered in any manner. The preferred font is 10 pt for data entry. Any information which is unreadable will delay processing.

Non-Reimbursable Expenditures

Title V Population-Based funds are not to be used for refreshments for meetings, community events, or other

gatherings. It is suggested that contractors solicit donations for those types of expenses from local businesses or philanthropic groups.

Projects should always seek donations or other means of paying for expendable or consumable merchandise to be used for marketing or community education/awareness purposes, unless said expenditures were approved in the deliverables and related predetermined amount.

**Deadlines for Submitting
End of Year Claims**

Although completed deliverables must be submitted on or before the stated due dates, final claims for reimbursement for completed deliverables must be submitted within 90 days of the end of the contract term.

**CONTRACT
AMENDMENTS &
INSTITUTIONAL
PRIOR APPROVALS**

Contracts may be amended during the fiscal year to reflect *necessary* changes in the projects. These changes may or may not impact the level of funding. Any change to the deliverables, evidence of completed deliverables, due dates and/or budget requires written submission to DSHS Regional Coordinators at least 30 days prior to initiating the change. Some changes to deliverables, evidence of deliverables and/or due dates that do not impact the budget *may* be allowable through an Institutional Prior Approval (IPA). *Any* changes in the predetermined amount for deliverables require a contract amendment.

To request an IPA or a contract amendment, complete Attachment E, *Request for Institutional Prior Approval (IPA) or Contract Amendment*, and submit to the assigned Regional Coordinator at least 30 days prior to making the change.

If approved, DSHS Client Services Contracting Unit will process IPAs and amendments to request the required signatures. IPAs are approved and signed by DSHS and a copy is sent to the contractor. Amendments must be approved and signed by DSHS and the contractor before being considered fully executed.

**NONCOMPLIANCE
WITH REPORTING**

Deliverables are due on the dates stated in the deliverables contract attachment. The following are procedures that DSHS will follow when deliverables are not received by the due dates.

**Two (2) weeks
past the deliverable
due date**

DSHS Regional Coordinators will send a reminder email to the project coordinator and cc Central Office Title V staff that the deliverable is overdue and request submission within three business days. Contractors will need to respond to Regional Coordinators with an email justification if the deliverables will not be sent within three business days.

**Three (3) weeks
past the deliverable
due date**

DSHS Regional Coordinators will send a letter to both the contract project coordinator and the authorized representative stating that the deliverable is overdue and is to be submitted within three business days on receipt of the letter. DSHS Central Office Title V staff, the Regional Director and the Center for Consumer and External Affairs will receive copies of the letter.

**Six (6) weeks
past the deliverable
due date**

Contractors will be sanctioned according to provisions of the contract, which allows contractors to be sanctioned 30 days after receipt of written communication regarding not having submitted a required report.

**TECHNICAL
ASSISTANCE**

DSHS Central Office Title V staff and Regional Coordinators will serve as a resource to the Population-based contractors for the following:

- technical assistance needed in addressing problems and barriers encountered in the completion of deliverables;
- DSHS contracting processes; and
- quality management

Additionally, Title V Population-based contractors can serve as valuable resources to each other. DSHS Central Office will provide the full list of contractors, the primary contacts and a brief summary of the projects. Contractors are

encouraged to contact each other and build a peer technical assistance network in order to share lessons learned about effective population-based programs.

**QUALITY
MANAGEMENT
ON-SITE REVIEWS**

Organizations that embrace Quality Management (QM) concepts and methodologies and integrate them into the structure of the organization and day-to-day operations discover a very powerful management tool. QM programs can vary in structure and organization and will be most effective if they are individualized to meet the needs of a specific agency, services and the populations served. Contractors are encouraged to develop quality processes based on the four core QM principles of focusing on 1) the client, 2) systems and processes, 3) measurement and 4) teamwork.

In an on-site review, the DSHS Quality Management Branch will review each population-based program with consideration given to the scope and purpose of each program and the nature of the services to be delivered. Information on the operating process of the DSHS Quality Management Branch as well as policies and review tools can be located at

<http://www.dshs.state.tx.us/qmb/default.shtm>.

When applicable, all contractors are required to conduct Project activities in accordance with the *DSHS Standards for Public Health Clinic Services* as well as any applicable Title V standards and program requirements. A copy of the DSHS Standards for Public Health Clinic Services is posted on the DSHS website at

<http://www.dshs.state.tx.us/qmb>.

Websites

Health Resources & Services Administration (HRSA) Maternal & Child Health Bureau:
<http://www.mchb.hrsa.gov/>

DSHS Family & Community Health Services Division:
<http://www.dshs.state.tx.us/programs/fhquery.asp>

Healthy People 2010: <http://www.healthypeople.gov/>

DSHS Title V Maternal & Child Health: <http://www.dshs.state.tx.us/mch/default.shtm>

- The entire FY06 Title V Maternal & Child Health Block Grant Application and Five-year Needs Assessment may be viewed through this link.

- A list of FY06 Title V Population-based contractors and contact information is also available through this link.

Title V Population-based Program: <http://www.dshs.state.tx.us/mch/pop/default.shtm>

- Links to the current Title V Population-based manual, contractor forms and other Population-based information can be found through this link.

Title X/XX Family Planning: <http://www.dshs.state.tx.us/famplan/default.shtm>

- Manuals and other relevant information for family planning can be found through this link.

FY06 TITLE V POPULATION-BASED CONTACT INFORMATION

DSHS REGIONAL COORDINATORS

PHR 1

Contractor: Worth the Wait

Primary: Jamie Moore, RN Phone (806) 655-7151 ext 245
300 Victory Drive Fax (806) 655-7159
Cannon, Texas 79016 Email Jamie.moore@dshs.state.tx.us

Backup: Sheila Rhodes, RN Phone (806) 767-0407
DSHS Region 1 Office Fax (806) 744-1942
1109 Kemper Email sheila.Rhodes@dshs.state.tx.us
Lubbock, TX 79403

PHR 2/3

Lisa Betterson Phone (817) 264-4668
DSHS Region 2/3 Office Fax (817) 264-4654
1301 S. Bowen Rd., Suite 200 Email lisa.betterson@dshs.state.tx.us
Arlington, Texas 76013

Tony Chavez Phone (817) 264-4658
1301 S. Bowen Road, Suite 200 Fax (817) 264-4654
Arlington, Texas 76013 Email tony.chavez@dshs.state.tx.us

Cindy Don Phone (817) 264-4743
1301 S. Bowen Rd., Suite 200 Fax (817) 264-4912
Arlington, Texas 76013 Email cindy.don@dshs.state.tx.us

PHR 4/5N

Contractor: Northeast Texas Public Health District

Primary: LaJuan Scott Phone (903) 533-5211
DSHS Region 4/5N Office Fax (903) 533-5367
1517 West Front Street Email lajuan.scott@dshs.state.tx.us
Tyler, Texas 75702

Backup: Sharon Flournoy Phone (903) 232-3292
1750 N. Eastman Road Fax (903) 533-5209
Longview, Texas 75601 Email Sharon.flournoy@dshs.state.tx.us

PHR 6/5S

Contractor: Harris County Public Health & Environmental Services

Primary: Ngozi Adimora Phone (713) 767-3014 ext 231
DSHS Region 6/5S Office Fax (713) 767-3049
5425 Polk Avenue, Suite J Email ngozi.adimora@dshs.state.tx.us
Houston, Texas 77023

Backup: Sharon Flournoy Phone (903) 232-3292
1750 N. Eastman Road Fax (903) 533-5209
Longview, Texas 75601 Email Sharon.flournoy@dshs.state.tx.us

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**PHR 6/5S
(cont.)**

Contractor: Baylor College of Medicine Teen Clinic

Primary: Sharon Flournoy Phone (903) 232-3292
1750 N. Eastman Road Fax (903) 533-5209
Longview, Texas 75601 Email Sharon.flournoy@dshs.state.tx.us

Backup: Ngozi Adimora Phone (713) 767-3014 ext 231
DSHS Region 6/5S Office Fax (713) 767-3049
5425 Polk Avenue, Suite J Email ngozi.adimora@dshs.state.tx.us
Houston, Texas 77023

PHR 7

**Contractors (2): Any Baby Can
City of Austin Health & Human Services**

Primary: Eva Cruz Phone (254) 778-6744
DSHS Region 7 Office Fax (254) 778-6819
2408 South 37th Street Email eva.cruz@dshs.state.tx.us
Temple, Texas 76504-7168

Backup: Carolyn Wachel Phone (254) 778-6744 ext 2851
2408 South 37th Street Fax (254) 773-2722
Temple, Texas 76504-7168 Email carolyn.wachel@dshs.state.tx.us

PHR 8

Mary Rowden, RN Phone (210) 949-2081
DSHS Region 8 Office Fax (210) 949-2084
7430 Louis Pasteur Drive Email mary.rowden@dshs.state.tx.us
San Antonio, Texas 78229

Marlene McLeod, RN Phone (830) 372-0841
1331 E. Court, Suite 101 Fax (830) 372-1784
Seguin, Texas 78155 Email marlene.mcleod@dshs.state.tx.us

PHR 9/10

Contractor: El Paso City/County Health & Environmental District

Primary: Sharon Lindsey Phone (915) 659-7865
DSHS Region 9/10 Office Fax (915) 655-6798
622 South Oakes, Suite H Email sharon.lindsey@dshs.state.tx.us
San Angelo, Texas 76903

Backup: Estela de la Torre, RN Phone (915) 659-7865
DSHS Region 9/10 Office Fax (915) 655-6798
622 South Oakes, Suite H Email estella.delatorre@dshs.state.tx.us
San Angelo, Texas 76903

PHR 11

Contractor: Migrant Health Promotion

Primary: Anna Gutierrez
DSHS Region 11 Office
601 West Sesame Drive
Harlingen, Texas 78550

Phone (956) 444-3270
Fax (956) 444-3291
Email anna.weaver@dshs.state.tx.us

Backup: Marthalia Leal, RN
DSHS Region 11 Office
601 West Sesame Drive
Harlingen, Texas 78550

Phone (956) 444-3274
Fax (956) 444-3299
Email marthalia.leal@dshs.state.tx.us

DSHS CENTRAL OFFICE TITLE V STAFF

1100 West 49th
M-355, Mailcode 1920
Austin, Texas 78756

Shirley Broussard, MSHP
Title V Grant Administrator

Phone (512) 458-7111, ext. 3798
Fax (512) 458-7358
Email shirley.broussard@dshs.state.tx.us

Chan McDermott, MPA
Perinatal Coordinator

Phone (512) 458-7111, ext 6663
Fax (512) 458-7358
Email chan.mcdermott@dshs.state.tx.us

Julie Stagg, MSN, RN
Perinatal, Women's and
Early Childhood Nurse
Consultant

Phone (512) 458-7111, ext 6917
Fax (512) 458-7358
Email julie.stagg@dshs.state.tx.us

Eva Holguin
Executive Assistant

Phone (512) 458-7111, ext 3146
Fax (512) 458-7358
Email eva.holguin@dshs.state.tx.us

Vacancies:
Child and Adolescent Coordinators

CONTRACTOR INFORMATION

A list of FY06 Title V Population-based awards, project summaries and contact information is available through the following links:

[FY06 Title V Population-Based Awards](#)

[FY06 FY 06 Title V Population-Based Project Summaries](#)

ATTACHMENT A
List of Completed Deliverables
(FOR CONTRACTOR USE)

INSTRUCTIONS CORRESPOND TO NUMBERS IN THE TABLES BELOW:

1. List only the fully completed deliverable(s) being submitted. Use the exact wording from the *Description* column, *FY06 Deliverables and Payment Schedule* contract exhibit, to describe deliverables.
2. List the amount for the deliverable as stated in the *Amount* column, *FY06 Deliverables and Payment Schedule* contract exhibit.
3. List the due date for the deliverable as stated in the *Due Date* column, *FY06 Deliverables and Payment Schedule* contract exhibit.
4. Enter the date submitted to DSHS.
5. Attach the supporting documents that demonstrate the evidence of completed deliverables. Label each document as described in the *Evidence* column of *FY06 Deliverables and Payment Schedule* contract exhibit.

#	Description of Deliverable (1.)	Amount (2.)	Due Date (3.)	Date Submitted (4.)
B-1		\$		
or				
C-1		\$		
(etc.)				

(5.) Attach supporting documents as evidence of completed deliverables. Label each document as described in the *Evidence* column of *FY06 Deliverables and Payment Schedule* contract exhibit.

ATTACHMENT B

**Review of Deliverables Form
(for DSHS Regional Coordinator use)**

Instructions for DSHS Regional staff:

- A. If evidence of deliverable is approved as submitted:
 - 1) List the alpha designations approved (from *Evidenced by* column) and note your initials and the date approved in the row below each deliverable.
 - 2) Submit completed form to FY06TitleVPop-based@dshs.state.tx.us.
- B. If follow-up is needed:
 - 1) Note the alpha designation, necessary follow-up actions and your initials on the row below each deliverable
 - 2) If technical assistance is needed, complete *Technical Assistance Log*.
 - 3) When follow-up is completed, proceed with A 1 and A 2 above.
- C. When a deliverable is fully completed and approved, Central Office Title V staff will forward the voucher to be processed for payment and note that date and their initials in the row below each deliverable.

Part B – Performance Measures and Workplan					
#	Deliverable	Evidenced by	Amount	Due Date	Date Rcvd.
B-1	Develop individualized service plans for at least 40 pregnant teens in Travis County SAMPLE	a) Copy of intake/assessment tool b) Quarterly report to include: 1. Number of clients enrolled into the Prenatal Education Program (PEP), to equal at least 15 per quarter (3-month) period; 2. Description of how clients were identified/recruited into program; 3. A written summary of reasons given by women who chose not to participate in PEP;	\$2550 \$2550 \$1700	3/31/06 6/30/06 8/31/06	
Review of B-1					

Review of Deliverables Form
(for DSHS Regional Coordinator use)

Part C – Evaluation and Lessons Learned					
#	Deliverable	Evidenced by	Amount	Due Date	Date Rcvd.
C-1	Tabulate, organize, and analyze evaluation data and complete monthly report SAMPLE	a) Quarterly reports that include copies of the data analysis process and results to date.	\$825 \$825 \$825	3/31/06 6/30/06 8/31/05	
Review of C-1					

ATTACHMENT C
TITLE V POPULATION-BASED PROJECTS MONTHLY CALL LOG
(FOR DSHS REGIONAL COORDINATOR USE)

INSTRUCTIONS: THIS FORM IS TO BE COMPLETED BY DSHS REGIONAL COORDINATORS CONDUCTING THE MONTHLY PHONE CALL AND THEN SENT TO CENTRAL OFFICE TITLE V STAFF.

Date of call: _____ Agency name: _____

Project representative(s): _____

DSHS representative(s): _____

1. Agency is to give a brief overview (approximately 5-10 minutes) of the progress of the project to date. In completing the deliverables, what is working well?

What is not working well?

2. Has the contractor submitted all deliverables due to date? ___Yes ___No
(DSHS Regional Coordinator should review contractor file to answer this question before the call.)

If no, ask agency to discuss reasons for the delay and determine a possible resolution.

3. Other concerns/ problems/barriers discussed:

4. Is follow-up required before the next scheduled monthly call? ___Yes ___No
If yes, describe.

Is technical assistance required? ___Yes ___No
If yes, use the *Technical Assistance Log* to record the action plan.

5. Date of next scheduled call _____

Signature of DSHS Regional Coordinator _____

Date form sent to Central Office Title V staff _____

Attachment D
TECHNICAL ASSISTANCE LOG
(FOR DSHS REGIONAL COORDINATOR USE)

INSTRUCTIONS: 1) Regional DSHS staff initiating the form submits to contractor and DSHS Central Office Title V staff.
 2) Regional staff schedules a conference call with the contractor and includes DSHS Central Office Title V staff as needed.
 3) Copy of completed form goes into contractor files at Regional and Central Office.

Date Initiated: DSHS staff:	Contractor name and contact:	Source of TA request: ___ Contractor request ___ F/up on monthly call ___ F/up on submission of deliverables on Attachment A ___ F/up from a QM site review	Description of issue or problem:
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Action Plan				
What will be done to address the issue or problem	Who	When	Expected outcome	Final notes

ATTACHMENT E

Request for Institutional Prior Approval (IPA) or Contract Amendment

(FOR CONTRACTOR USE - To be submitted to DSHS Regional Coordinator at least 30 days prior to initiation of changes)

Type of contractual item to be changed: (check all that apply)	
<input type="checkbox"/> Deliverable <input type="checkbox"/> Budget	<input type="checkbox"/> Evidence of Deliverable <input type="checkbox"/> Performance Measure
<input type="checkbox"/> Due date of deliverable <input type="checkbox"/> Other _____	
Use text from contract Exhibits A (Performance Measures) and Exhibit B (Deliverables & Payment Schedule) to describe the current status of the item:	Describe the proposed change:
What date is the change to be implemented?	
Justification for why the item should be changed:	
Describe the impact on other deliverables, performance measures, budget, etc., if the change is implemented:	

Date

Contractor representative

ATTACHMENT F
Instructions for Completing DSHS State Vouchers (Form B-13)
(For Contractor Use)

The following information must be submitted for timely processing of voucher payments. PLEASE review this information with staff who prepare and/or sign vouchers. Below are the box numbers on the voucher to be completed and how to do so. Box numbers that are not referenced below should be left blank.

Box 6 - DOC date: date voucher is submitted to DSHS.

Box 9 - Payee Identification Number: your agency's Texas Vendor Identification Number, the 14-digit number on Cover Page 1 of your current DSHS contract.

Box 13 – Document amount: **total** dollar amount claimed on the voucher. If multiple deliverables are submitted on one voucher, put only the **total** dollar amount of all deliverables in this box. The **total** amount in this box should match the total amount requested in **Box 23**.

Box 14 – Payee name/address: name and address of your organization as it appears on Cover Page 1 of your current DSHS contract.

Box 19 – SER/DEL DATE: Put the due dates for the deliverable(s) submitted. This date is found in the *Due Date* column in *FY06 Deliverables and Payment Schedule* contract exhibit. Please do **not** submit deliverables for different months on the same voucher.

Exception : In case a deliverable is completed and submitted earlier than the due date, use the date of submission to DSHS. Vouchers cannot be processed for payment before the date indicated in Box 19.

Box 20 – DESCRIPTION OF GOODS OR SERVICES: Copy the exact wording of the deliverable(s) from the *Description* column of *FY06 Deliverables and Payment Schedule* contract exhibit and paste into this section.

Also, at the bottom of **Box 20**, place the following identifying information:

Contract Period: *Example: 1/1/06 through 8/31/06*

Program – This will always be *CHS/POP* for Title V Population-based contracts.

Type of entity – Enter the type that best describes your agency: *college or university, government, non-profit, for profit, state agency*

DSHS Document # and Attachment # - two numbers located on Attachment - Page 1 of your current DSHS contract. *Example: 752254544B 2006-01*

Purchase Order # - the 10-digit number located on Attachment – Page 1 of your current DSHS contract. *Example: 0000314047*

Box 23 – Amount: funding amount attached to each deliverable from the *Amount* column of *FY06 Deliverables and Payment Schedule* contract exhibit. **Total the amount** if multiple deliverables are submitted on one voucher. The **total** dollar amount should match the amount in **Box 13**.

Box 24 – Contact Name and Phone: name of person and phone number to be contacted if there is a problem with the voucher.

Box 26 – Approved sign here: This is **optional** for your agency's internal procedures and is not required for processing the voucher for payment.

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TDH Form B-13

SAMPLE STATE OF TEXAS PURCHASE VOUCHER (highlighted boxes must be completed)

WPS.1 (9/93)

1. Archive reference number		2. Agency No. 501		3. Agency Name TEXAS DEPARTMENT OF HEALTH			4. Current document number		
5. Effective date		6. DOC date 2/1/06		7. Due date		8. Doc Agency 501			
9. Payee identification number 17522545444800		10. PDT		11. PCC		12. Requisition number			13. Document amount \$3000
14. Payee name/address XYZ University Austin, TX 78756				15. GSC order number		17. AGENCY USE FUND ___ BUDGET ___ CAT. ___ SERV DATE General ___ or Program ___ Activity Code			
				16. Lease number					

18. SFX	Ref Doc	SFX	M	TC	Index	PCA	AY	COBJ	AOBJ	Amount	R
001	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Invoice number				Description			AGENCY USE				
002	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Invoice number				Description			AGENCY USE				
003	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Invoice number				Description			AGENCY USE				

19. SER/DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
Jan, 2006	<p>EXAMPLE ONLY:</p> <p>B-1 Complete three presentations to community partners per quarter on teen pregnancy prevention.</p> <p>B-2 Generate an action plan to increase readiness of the Smith Health Clinic to serve males.</p> <p>Contract period – 1/1/06 – 8/31/06 Program – CHS/POP Type of entity – university DSHS Document # & Attachment # - 752254544B 2006-01 Purchase Order # - 0000314047</p>			<p>\$1,500</p> <p>\$1,500</p> <p>Total = \$3,000 (Total amount here must match amount in Box 13)</p>

24. Contact name Jane Doe		Phone (Area code and number) 512 458-7111, ext. 202		25. Entered by	
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26. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act.

Approved sign here <		Phone (Area code and number)		Date	
Fiscal Approved sign here <		Phone (Area code and number)		Date	