

Winneshiek County Claim Form

Warrant No. _____

Vendor No. 11910

Dept. Mental Health Fund Mental Health

Invoice Date 4/24/2010

Invoice Number FEB 2010

Vendor NORTHEAST IOWA BEHAVIORAL HEALTH, INC (NEIBH)

PO BOX 349

DECORAH IA 52101-0349

Date of Claim: 4/21/2010

GL Code	AMOUNT
<u>10000 04042 305 60</u>	<u>\$5,126.80</u>
<u>10000 04044 396 60</u>	<u>\$450.00</u>

DESCRIPTION

Psychotherapeutic Treatment - Outpatient (04-2010)

Rehab Treatment - Community Support Programs (02-2010)

VOUCHER AMOUNT: \$5,576.80

The following has been reviewed and approved for payment by the
Winneshiek County Community Services Director/CPC.

Supervisors Approval: _____

Community Services Director/CPC or designee