

Winneshiek County Claim Form

Warrant No. _____
Vendor No. 11910
Dept. Mental Health **Fund** Mental Health
Vendor NORTHEAST IOWA BEHAVIORAL HEALTH, INC (NEIBH)
PO BOX 349
DECORAH IA 52101-0349

Date of Claim: 4/21/2010

GL Code	AMOUNT	DESCRIPTION
<u>10000 04042 305 60</u>	<u>\$5,126.80</u>	<u>Psychotherapeutic Treatment - Outpatient (04-2010)</u>
<u>10000 04044 396 60</u>	<u>\$450.00</u>	<u>Rehab Treatment - Community Support Programs (02-2010)</u>

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