

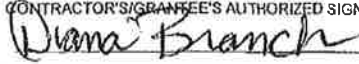
STATE OF TENNESSEE
INVOICE FOR REIMBURSEMENT

For ACCOUNTS MANAGEMENT OFFICE USE ONLY			
PO#	LINE#	RECEIPT #	TDOH AGENCY INVOICE #
EDISON CONTRACT #			
EDISON VENDOR #		EDISON ADDRESS LINE #	VOUCHER #

NAME AND REMITTANCE ADDRESS OF CONTRACTOR/GRANTEE Signature Holdings II LLC dba Mountain City Care & Rehab. Center 919 Medical Park Drive Mountain City, TN 37803	INVOICE NUMBER Gran1002
	INVOICE DATE 9/30/2018
	INVOICE PERIOD FROM 6/1/2018 TO 8/31/2018
Edison Vendor # 206487	CONTRACT PERIOD FROM 3/1/2018 TO 2/28/2019
CONTRACTING STATE AGENCY Tennessee Department of Health	CONTACT PERSON/TELEPHONE NO. 423-727-7800 Diana Branch
PROGRAM AREA	
OCR CONTRACT NUMBER	

BUDGET LINE ITEMS	(A) TOTAL CONTRACT BUDGET	(B) AMOUNT BILLED YTD	(C) MONTHLY EXPENDITURES DUE	FOR CENTRAL OFFICE USE ONLY
		8/31/2018		SPEEDCHART NUMBER:
				USERCODE:
				PROJECT ID:
				AMOUNT:
Salaries				
Benefits				SPEEDCHART NUMBER:
Professional Fee/Grant & Award	\$27,500.00	\$13,750.00	\$0.00	USERCODE:
Supplies				PROJECT ID:
Telephone				AMOUNT:
Postage & Shipping				
Occupancy				SPEEDCHART NUMBER:
Equipment Rental & Maintenance				USERCODE:
Printing & Publications				PROJECT ID:
Travel/Conferences & Meetings	\$3,500.00	\$985.27	\$479.65	AMOUNT:
Interest				
Insurance				SPEEDCHART NUMBER:
Specific Assistance to Individuals				USERCODE:
Depreciation				PROJECT ID:
Other Non Personnel				AMOUNT:
Capital Purchase				
Indirect Cost				
TOTAL	\$3,500.00	\$985.27	\$479.65	

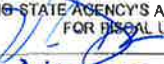
I certify to the best of my knowledge and belief that the data above are correct, that all expenditures were made in accordance with the contract conditions, and that payment is due and has not been previously requested.

CONTRACTOR'S/GRANTEE'S AUTHORIZED SIGNATURE

 Title: Administration
 Date: 9/30/2018

Please check one of the following boxes
 These services are for ☒ medical services

☐ non-medical services

PROGRAM APPROVAL AUTHORIZED SIGNATURE
 Chelsea
 Title: Chelsea Ridley
 Date: 2018.10.23
 Digitally signed by
 Chelsea Ridley
 Date: 2018.10.23 10:10:37 -05'00'

RECOMMENDED FOR PAYMENT
 CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION
 FOR FISCAL USE ONLY

 Title: Director
 Date: 10.23.18

ATTACHMENT: _____