BILL TO:

DATE INVOICE

Ohio Department of Job And Family Services Office of Child Support P.O. Box 182709 Columbus, OH 43218 Attn: Contract Manager

This invoice is for the private collections of child support cases for the counties listed below:

	P.O. NUMBER Federal Tax ID CONTR					TRACT#	ACT#	
COUNTY	MONTH	IV-D DOLLARS	IV-A / IV-D DOLLARS	TOTAL DOLLARS	RATE	AMOUNT	# Case Payments	

COUNTY MONTH DOLLARS DOLLARS PRYMENTS SO DO SEGO SEGO SEGO SEGO SEGO SEGO SEGO SEG		P.O. NUMBER Fed			eral fax ID CONTR		TRACT#	
	COUNTY	MONTH	IV-D	IV-A / IV-D	TOTAL	. AT-	AMOUNT	# Case
	COUNTY	WONIA	DOLLARS	DULLARS	DULLARS	RAIE	AWOONI	rayments
\$0.00								
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Please Remit Payment To: