

SOUTHERN ALABAMA REGIONAL COUNCIL ON AGING (SARCOA)
1075 S. Brannon Stand Road, Dothan, AL 36305
Area Agency on Aging



Voucher Summary

Contractor: _____

Address: _____

Month: _____ **Year:** _____ **FY23**

SERVICE	CONTRACTOR			SARCOA USE ONLY		
	RATE PER HOUR	TOTAL EXACT HOURS (15 Minute Increments)	TOTAL DOLLAR AMOUNT	TOTAL EXACT HOURS	TOTAL UNITS (1 Hour=1 Unit)	TOTAL AMOUNT REIMBURSED
UNSKILLED RESPITE	\$ 17.68 hour		\$			\$
			\$			\$

I REQUEST REIMBURSEMENT FOR SERVICES RENDERED FOR THE ALABAMA CARES PROGRAM ADMINISTERED BY THE SOUTHERN ALABAMA REGIONAL COUNCIL ON AGING. THE SIGNATURE APPEARING BELOW MUST BE ON FILE WITH SARCOA AS AN AUTHORIZED SIGNATURE.

ADMINISTRATOR / OFFICIAL

DATE