

SAMPLE INVOICE

INVOICE

Name:

Address:

City: State: ZIP:

Phone:

Fax:

DATE:

TO:

Great Plains Tribal Chairmen's Health Board
Great Plains Colorectal Cancer Screening Initiative
2611 Elderberry Blvd
Rapid City, SD 57703

FOR:

Community Grant for Colorectal Cancer
Evidence Based Interventions

DESCRIPTION	AMOUNT

Thank you for your business!

SAMPLE GAS CARD RECEIPT

COLORECTAL CANCER PROJECT

In collaboration with IHS Public Health Nursing, Health Education, and the CHR Program

Sample Gas Card Receipt

Date: _____

Participant's Printed Name: _____

Participant's signature acknowledges the receipt of a \$30 gas card for participating and completing the FIT/iFOBt.

Participant's Signature

Gas Debit Card Distributor initials _____

SAMPLE GAS CARD TRACKING FORM

Card #000000		
Date	Date	Date
Printed Name	Printed Name	Printed Name
Signature	Signature	Signature

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Date	Date	Date
Printed Name	Printed Name	Printed Name
Signature	Signature	Signature

Instructions

1. Tape gas debit cards to form with serial numbers showing.
2. Make a copy of the taped gas debit cards on the form.
3. Take copied form and tape the gas debit cards on it instead of the blank form.
4. Have the patient sign for the gas debit card, tear off card and you will still have a copy of the serial number and card for your tracking.