

**BILLING INVOICE & PERFORMANCE AGREEMENT TERMS**

TO: CATHERINE KELLY BAIRD, EXECUTIVE DIRECTOR  
GOVERNOR'S COMMITTEE FOR EMPLOYMENT OF DISABLED PERSONS  
P.O. Box 826880, MIC 41  
SACRAMENTO, CA 94280-0001

FROM (Provider of Service): Name: \_\_\_\_\_  
*Last* *First*

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City* *State* *Zip*

Day Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_ Night Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_

FAX Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Service Provided (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) Service Provided: \_\_\_\_\_

Total Amount of Payment Due = \$ \_\_\_\_\_

I understand that payment may not be received for up to 21 days after the provision of my service.

Provider of Service: \_\_\_\_\_  
*Signature* *Date*

Approved by: \_\_\_\_\_  
(Governor's Committee Representative) *Signature* *Date*

MAIL TO: Friends of the CGCEDP, Inc.  
c/o California Governor's Committee  
800 Capitol Mall, Room 1022, MIC - 41  
Sacramento, CA 95814

FAX Number: (916) 654-9821 Phone Number: (916) 654-8055