



Georgia Board of Health Care Workforce Invoice Cover Sheet

Office Use Only
PO #: _____
Entered: _____
Paid: _____

Date Provided: _____
Company Name: _____
Contact Name: _____
Contact Email: _____
Contact Telephone Number: _____

Reminder: Please include the executed contract.

Documents Included with Invoice:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Additional information: (Optional)

Email to HCAP.GBHCW@dch.ga.gov

Questions? Contact Sharon Wilson, Finance and Budget Manager. 404-463-1060