

Georgia Board of Health Care Workforce

William Kemp
BOARD CHAIRMAN



Chet Bhasin, FACHE
EXECUTIVE DIRECTOR

2 Martin Luther King Jr. Drive, SE, East Tower, 11th Floor • Atlanta, GA 30334
Main (404)232-7972 • healthcareworkforce.georgia.gov • gbhcw@dch.ga.gov

Greeting, Valued Business Partner:

In order to serve you best, each vendor (hospital, school, grant awardee, etc.) will need to use the format listed below in this document:

- All submissions must be in PDF-format only.
 - This request includes documentation provided in excel spreadsheets, which should be printed with all columns on one page, then converted to PDF. If this is not possible, please get in touch with Freeman Montaque (see contact information below) or Ashley Hambrick (Ashley.Hambrick@dch.ga.gov) to determine another solution.
- All documents should be compiled into a PDF packet with a cover letter as the first page of the submission (see attached for format). The letter should state what items are included in the packet.
- All submissions should include a copy of the executed agreement.
- Receipts should equal the total amount included on your invoice.
- Payroll reports are needed if seeking payroll-related reimbursement (not contracted services).

Invoices you submit must include, at the minimum:

- Invoice number (with a date)
- Description of goods and services
- Organization name
- Organization location
- Total amount due

Complete Remittance Information – items in your complete PDF submission that must be included:

- Your company (with contact person name)
- Full address (PO Box, mail stop, etc.)
- Telephone number of the contact and/or company
- Email address

Once all completed information is submitted to either Ashley or myself, please allow 20 business days for payments to fully process.

We truly appreciate your patience and assistance in this matter. These changes will allow us to be more proficient in our daily work and should help expedite our payment processes.

Sincerely,

Freeman Montaque

Finance and Budget Manager

Office: (404) 656-4546 / Email: freeman.montaque@dch.ga.gov



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 freeman.montaque@dch.ga.gov

Questions? Contact Freeman Montaque, Finance and Budget Manager (404-656-4656).



Abraham Baldwin Agricultural College

INVOICE

2802 Moore Highway, ABAC 3
Tifton, GA 31793-2601

██████████ ██████████

DATE: June 14, 2023
INVOICE# 6142023

FOR: *2023 Health Care
Workforce Grant*

Bill To:

Georgia Board Of Healthcare Workforce
2 MLK JR Drive SE
11th Floor, East Tower
Atlanta, GA 30334

DESCRIPTION	AMOUNT
Salaries	\$ -
Benefits	\$ -
Travel	\$ -
Operating	\$ ██████████
TOTAL	\$ _____

Make all checks payable to **Abraham Baldwin Agricultural College**.

If you have any questions concerning this invoice, contact ██████████ in Herring Hall, — > — —