



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID
 PRIVATE REVENUE
INVOICE

Issued under authority of Interagency Agreement 2013-62-014.

ILLINOIS DEPT OF HEALTHCARE FAMILY SVCS
 2200 CHURCHILL RD, SUITE C3
 SPRINGFIELD, IL 62702-3406

INVOICE NUMBER:	301464
Customer ID:	89819
Invoice Date:	November 20, 2013

Invoice Item	Quantity	Unit Cost	Sales Tax	Total Cost
ILLINOIS MICHIGAN PROGRAM ALLIANCE FOR CORE MMIS TECHNOLOGY PROJECT (IMPACT) Cash Expenditures for October 2013	1	\$1,004,634.61	\$0.00	\$1,004,634.61 \$ 1,000,000.00

Total Invoice: \$1,004,634.61
 \$ 1,000,000.00

For billing questions, please contact (517) 241-5532. For questions regarding payment, please contact (517) 335-5049.

Payment Due: December 20, 2013

MAKE CHECK OR MONEY ORDER PAYABLE TO: STATE OF MICHIGAN
 TO ENSURE PROPER CREDIT, SEND THIS PORTION WITH PAYMENT TO:
 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
 CASHIER'S OFFICE
 P.O. BOX 30437
 LANSING, MI 48909

(Please note or make any address corrections below)
 ILLINOIS DEPT OF HEALTHCARE FAMILY SVCS
 2200 CHURCHILL RD, SUITE C3
 SPRINGFIELD, IL 62702-3406

INVOICE NO:
301464
391 MED PRI

For Cashier's Use Only: