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| **Department of Veterans Affairs** | **VA Grant and Per Diem Program****Service Center Payment Voucher** |
| The Per Diem Payment Voucher is to be used after the recipient is determined eligible for per diem payments and should be submitted monthly to the VA Liaison. Who in turn will forward it to the GPD National Program Office at GPDvouchers@va.gov.  |
| **PROGRAM NAME AND ADDRESS:** | **DATE:** |
| **FAIN / PROJECT NUMBER:** |
| **PO NUMBER:** | **BILLING PERIOD: *(mm/dd/yy to mm/dd/yy)*** |
| **BILLING AMOUNTS -** Complete the appropriate sections below |
| **Service Centers:** The per diem amount for service centers shall be one eighth of the lesser of the amounts in paragraphs (i) and(ii) for supportive housing above, not to exceed eight hours in any day (e.g., State Home Rate is $49.91 then hourly rate is $6.24). |
| **TOTAL NUMBER OF 1-HOUR VISITS** | **MULTIPLIED BY** **PER DIEM RATE** | **EQUALS** | **TOTAL AMOUNT REQUESTED** | **AMOUNT PAID BY VAMC** |
|  |  | **=** |  |  |
|  |
| **VALIDATION -** Complete the appropriate sections below: |
| **GPD GRANTEE AUTHORIZED AGENT SIGNATURE:** To the best of my ability I certify the billing requested is accurate, based on actual costs, and when divided does not exceed 100% of the daily cost of care, per veteran, per day. |
| **NAME** | **TITLE** | **DATE** |
| **SIGNATURE** |  |
| **VA GPD LIAISON VALIDATION SIGNATURE:** To the best of my ability I certify the billing is accurate and the funds paid are for the services to Veterans that have been provided. |
| **NAME** | **TITLE** | **DATE** |
| **SIGNATURE** |  |
| **After completion, email to: Grant and Per Diem Program Office @** **GPDVouchers@va.gov****NOTE: Liaisons, when sending completed voucher to GPD Office, the daily census should not be included.** |