

Sections A and B filled out by Billing Agency

Section C filled out by Paying Agency

STATE OF IDAHO – STARS INTERAGENCY BILLING

FORM: IAB

REV. 05/02/2012

SECTION A - NAME OF BILLING AGENCY					AGENCY CODE	CONTACT NAME	PHONE #	DOCUMENT DATE	CUR DOCUMENT #
SFX	TC/RVS	INDEX/PCA	SEC AGY	SUBSIDIARY	REV SUBOBJ	AMOUNT	INVOICE DESCRIPTION		

SECTION B - DESCRIPTION AND PRICE OF MATERIALS AND SERVICES SUPPLIED	AMOUNT
TOTAL	

SECTION C - NAME OF PAYING AGENCY					AGENCY CODE	CONTACT NAME	PHONE #	DATE	CUR DOCUMENT #	
SFX	TC/RVS	INDEX/PCA	SEC AGY	SUBSIDIARY	EXP SUBOBJ	AMOUNT	PROP#/COMP	INVOICE#	VENDOR#/SFX	G = GRANT/PH P = PROJECT/PH

TOTAL

PAYING AGENCY'S AUTHORIZED SIGNATURE _____ DATE _____