

Vermont Spay Neuter Incentive Program (VSNIP) Monthly Invoice

Facilities Name _____ Mailing Address _____

City, State & Zip Code _____ Phone Number _____

Surgeries & immunizations for the month and year of _____ (Please use a separate form for each month)

Due to the high demand and limited funding of VSNIP, monthly invoices older than 90 days will not be honored by the State of Vermont.

Description of Services – Individual Voucher(s) Must Accompany This Invoice

Case #'s from vouchers Please list in numerical order	Category	# per category	Unit Price	Amount
	Female Dogs			
	Up to 25 lbs:			
	26-50 lbs:			
	51-75 lbs:			
	Over 75 lbs:			
	Male dogs			
	Up to 25 lbs:			
	26-50 lbs:			
	51-75 lbs:			
	Over 75 lbs:			
	Cat spays			
	Cat neuters			
			Surgical Total	
	Canine Distemper			
	Canine Rabies			
	Feline Distemper			
	Feline Rabies			
			Vaccine Total	
Total of Vaccine(s) & Surgical Fee(s)				
Total Co-payment(s) Received from Client(s)				
Vaccine(s) & Surgical Fee, Minus Co-payment Amount(s) Received				
Total Reimbursement Request				

I certify that this invoice is accurate and correct

Print Name _____ Signature _____ Position _____ Date _____

Please send requests for reimbursement with vouchers to:

VSNIIP, PO Box 104
Bridgewater, VT 05034

If you have any questions, call:

1-844-448-7647 (1-844-HI-VSNIP)

For DCF internal use only:

This voucher has been approved by _____ on _____.

Were any adjustments made to the reimbursement amount by DCF? ___ Yes ___ No

Notes: _____ Revised 09.21.2016