

COUNTY OF LOS ANGELES

STATE OF CALIFORNIA

Date:

Placement ID:

Case Name:

Case Number:

CPS Case Number:

DCFS Finance – Overpayments
425 Shatto Place, Room 304
Los Angeles, CA 90020

Overpayment Invoice

Invoice Creation Date	Invoice No.	Vendor No.	Due Date

Mo/Yr	Type	Transaction	Amount	Description

Invoice Total:

COUNTY OF LOS ANGELES

STATE OF CALIFORNIA

Date:

Placement ID:

Case Name:

Case Number:

CPS Case Number:

DCFS Finance – Overpayments
425 Shatto Place, Room 304
Los Angeles, CA 90020

Overpayment Invoice Detail

Invoice Creation Date	Invoice No.	Vendor No.	Last Updated	Due Date

Mo/Yr	Type	Transaction	Amount	Description

Total Overpayments:

Total Adjustments:

Total Recovery:

Amount Due:	
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