STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

FINANCIAL INSTITUTION DATA MATCH INVOICE

SEND INVOICE TO:

TN Department of Human Services
DHS Fiscal Accounts Payable
Andrew Johnson Tower
710 James Robertson Pkwy., 11th Fl.
Nashville, TN 37243
Or submit by email to:
CSVendor.Invoices.DHS@tn.gov

Date submitted: _____

This invoice is for work performed to comply with the Financial Institution Data Match (FIDM) Program.

Please complete either Section I or Section II.

This invoice is for the quarter Beginning _____ (month / day / year) and ending _____ (month / day / year)

I. Show below the actual total cost to your institution for matching data for the specified quarter, including a breakdown of how this dollar amount was computed.

Transaction Description	Number of Hours / Units Expended	Actual Cost Per Hour / Unit	Total Actual Cost for the Quarter

II. If your financial institution was charged a flat quarterly fee by a processing agent, please provide the following information about this agent and their charge:

Processing Agent's Name, Address, and Phone Number	Amount This Agent Charged Your Institution for Processing Data for the Above Quarter

REIMBURSEMENT DUE FOR THE SPECIFIED QUARTER: $ _____

NOTE: *Reimbursement will be for actual costs not to exceed $250.00, including any & all handling fees charged to the financial institution by an outside processor or agent.*

REMIT PAYMENT TO:

_____
(Financial Institution Name)

_____
(Address)

_____
(Address)

Financial Institution Representative

_____
(Signature)

_____
(Please Print Name)

_____
(Title)

_____
(Phone) (Fax)