



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Massachusetts Commission for the Deaf and Hard of Hearing

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CART Invoice Form for MCDHH Paid Assignment

INSTRUCTION TO VENDORS – Please fill in ALL and ONLY the shaded areas

PRC DOCUMENT CODE

HEADER INFORMATION

For MCDHH use only

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Fiscal Year	
Period	
Doc Total	\$

CT REFERENCE ENCUMBRANCE DOC

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VENDOR INFORMATION

Vendor/Customer ID (10 digits VC number) VC		
Vendor Name		
Vendor Address		
City	State	Zip

LINE-COMMODITY INFORMATION

Assignment #	Date of Service	Time of Service From _____ to _____		
Quantity	Unit of Measure	Description	Unit Rate	Amount
	Hours		\$	
	Mileage		0.62¢	
	Travel Time	$\frac{\text{Miles}}{50} = \text{_____} \times \frac{1}{2} \text{ of Hour Rate} =$		
	On-Site Fee			
	Ascii Output			
	Parking/Other			\$
	Docket #			
Grand Total				

VENDOR CERTIFICATION

Consumer Signature – by my signature, I certify that I received service as set forth above	
Vendor Signature – by my signature, I certify that I rendered services as set forth above	
Vendor Invoice #	Vendor Invoice Date

LINE-ACCOUNTING INFORMATION

Commodity Line #	Service from Date (mm/dd/yyyy)		Service to Date (mm/dd/yyyy)			
Event Type AP01	Line Description	Subtotal Line Amt \$	Ref Acct Line	P / F	Fund	Sub Fund
Department MCD	Unit 0001	Appropriation	Object	Program	Program Period	

To the Comptroller of the Commonwealth of Massachusetts – I hereby certify under penalties of perjury that all laws of the Commonwealth governing disbursement of public funds and the regulation thereof have been complied with.

Prepared/MMARS Entry by	Title Accountant	Date
Submitted by	Title Business Manager	Date
Authorized Signature	Title CFO	Date

As of July 2022