Exhibit 3

Sample Program Invoicing Forms

INVOICE FOR MATERNAL AND INFANT HEALTH SERVICES (SEND ORIGINAL AND FOUR COPIES TO ADDRESSEE)	Return to: DEPARTMENT OF PUBLIC HEALTH MATERNAL AND INFANT HEALTH 500 SOUTH BROAD ST., 2ND FLOOR PHILADELPHIA, PA 19146

Agency Corporate Name:	Contract #	Cumulative Reporting Period
ABC Agency	97001	From: 7/1/96 To: 2/28/97

PROGRAM TITLE:

MCH Education

1. TOTAL CUMULATIVE EXPENDITURES TO DATE (FROM INCOME AND EXPENDITURE REPORT)	$ 57,817
2. LESS TOTAL CUMLATIVE NON-CITY REVENUES APPLICABLE TO PROGRAM – (FROM INCOME AND EXPENDITURE REPORT)	
3. GROSS AMOUNT DUE FROM MIH	57,817
4. DEDUCT: AMOUNTS PREVIOUSLY BILLED AND/OR PAID YEAR TO DATE BY MIH.	
5. OTHER ADJUSTMENTS	52,009
6. NET AMOUNT DUE FROM MIH FOR THIS PERIOD	5,808

I certify that the services being billed for above have been rendered in accordance with Commonwealth and City Laws and Regulations governing the Maternal and Infant Health Program and in accordance with the agreement between the City and my agency. Further, I certify that detailed accounting records exist to support all reported costs and income items.

Signature of Executive Director or Agency Administrator Title Date

(See Instructions on Reverse)