Department of Veterans Affairs	**Centralized Per Diem Payment Voucher**

The Centralized Per Diem Payment Voucher is to be used after the recipient is determined eligible for per diem payments and should be submitted monthly to the VA Liaison who in turn will forward it to the GPD Program Office so that payment can be processed.

PROGRAM NAME AND ADDRESS	DATE
	PROJECT NUMBER
EMPLOYER IDENTIFICATION NUMBER (EIN):	BILLING PERIOD: ***(mm/dd/yy to mm/dd/yy)*** to

BILLING AMOUNTS

Supportive Housing: The rate of per diem payments for each veteran in supportive housing shall be the lesser of (i) The daily cost of care estimated by the per diem recipient minus other sources of payments to the per diem recipient for furnishing services to homeless veterans that the per diem recipient certifies to be correct (other sources include payments and grants from other departments and agencies of the United States, from departments of State and local governments, from private entities or organizations, and from program participants), or (ii) The current VA State Home Program per diem rate for domiciliary care.

TOTAL NUMBER OF BED DAYS OF CARE PROVIDED	MULTIPLIED BY THE APPROVED RATE OF PER DIEM	EQUALS	TOTAL AMOUNT REQUESTED	**AMOUNT VAMC APPROVES FOR PAYMENT**
		=		

PAYMENT VALIDATION

GPD SERVICE PROVIDER AUTHORIZED AGENT SIGNATURE: I certify that to the best of my knowledge and belief the information provided on this form is correct and that payments requested are in accordance with the grant terms and conditions and that payment is due and has not been previously requested. I certify the billing requested is accurate, based on actual costs, and when divided does not exceed 100% of the daily cost of care, per veteran, per day.

PRINT NAME	TITLE	DATE

SIGNATURE	

VA GPD LIAISON VALIDATION SIGNATURE: I certify that I have reviewed this billing and corresponding detailed daily census to ensure accuracy of this payment request. I certify that, to the best of my knowledge, the funds requested are for the services and/or housing that have been provided eligible Veterans in connection to this project.

PRINT NAME	TITLE	DATE

SIGNATURE	

After Completion Fax to: VA Homeless Providers Grant and Per Diem Program Office @ (813) 979-3569

NOTE:

1. **To receive funds:**
   a. **grantees must submit an electronic request for reimbursement through the HHS DPM System**
   b. **fax this voucher and a corresponding detailed daily census to the GPD Program Office.**
2. **DO NOT submit payment requests through the Vendor Inquiry System (VIS).**