

**2009 RECIPIENT RIGHTS CONFERENCE
PAYMENT VOUCHER PAGE**

**TO ENSURE PROPER CREDIT AND ATTENDANCE AT THE CONFERENCE YOU
MUST MAIL YOUR CHECK OR MONEY ORDER WITH THIS COMPLETED PAGE**

TO:

Michigan Department of Community Health
Accounting Office
4th Floor, Lewis Cass Bldg.
320 S. Walnut St.
Lansing, MI 48913

**PAYMENT CAN BE DELAYED UNTIL OCTOBER 1, 2009, BUT
MUST BE RECEIVED NO LATER THAN OCTOBER 31, 2009**

AGENCY NAME: _____

Please list all those attending (use additional sheets as necessary):

Attendee Name: _____ Amount: _____

Total Amount Enclosed: _____

(Make check payable to: State of Michigan)

Attention: State of Michigan Employees and MDCH Finance Staff

Index # 20140 PCA # 00109 Object Code # 7666

MDCH ACCOUNTING STAFF:

Payment confirmations should be sent by Inter-Departmental mail to:

Veronica Ryan, Office of Recipient Rights, Training Division
Hawthorn Center, 18471 Haggerty Rd., Northville, MI 48168-8513.