Exhibit 2

GRANT CODE_____

STATE OF TENNESSEE
INVOICE FOR REIMBURSEMENT

NAME AND ADDRESS OF CONTRACTOR/GRANTEE	INVOICE NUMBER
	INVOICE ENDING DATE
	CONTRACT PERIOD
FEDERAL ID#	FROM TO
CONTRACTING STATE AGENCY	
CONTRACT NUMBER	CONTACT PERSON/TELEPHONE NO.
	PROGRAM AREA

COST CATEGORIES OR PROGRAM	(A) TOTAL CONTRACT BUDGET	(B) YTD ACTUAL EXPENDITURES THRU:_____ (MO./DAY/YR.)	(C) MONTHLY STIMATED/ACTUA EXPENDITURES	(D) MONTHLY ESTIMATED/ACTUAL REVENUE	(E) AMOUNT DUE (C MINUS D)	(F) ALLOTMENT CODE AND COST CENTER
TOTAL						

I certify to the best of my knowledge and belief that the data above is correct and that all expenditures were made in accordance with the contract conditions and that payment is due and has not been previously requested.

CONTRACTOR/GRANTEE'S AUTHORIZED SIGNATURE

TITLE

DATE

RECOMMENDED FOR PAYMENT

CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION

TITLE

DATE

Revised 10/31/97