TEXAS
Health and Human Services

Form 4103
July 2023

Vendor Invoice Summary

Do not combine invoices when completing the form. Use a separate form for each invoice.

Invoice Date: _____

Invoice No.: _____

Vendor ID (TIN or EIN): _____

Name: _____

Gross Amount: _____

Purchase Order (PO): _____

Contract: _____

Return this form with your invoice to hhsc_ap@hhsc.state.tx.us.

HHSC Internal Use Only

Invoice Received Date: _____