

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):

Date of Birth (mm-dd-yyyy):

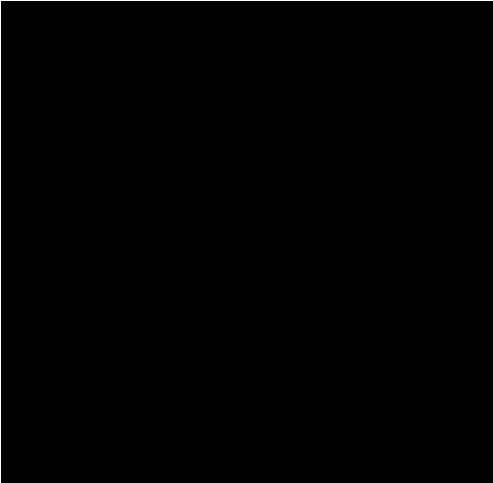
Social Security Number:

Phone - cell:

Phone - alternate:

Address:

City, State, Zip:



Preferred Location:

Billings

Helena

Availability (within next two weeks):

Need signoff by end of May 2019

Purpose:

Pre-Placement

Annual

Other

(specify)

Type:

Evaluation

Examination

Components:

Immunity Panel

T-Spot TB Screening

Urine Drug Screen

Special Job Titles:

Boiler Plant Operator

Firefighter

Police Officer

Motor Vehicle Operator & Incidental Driver

Other:

Montana VA HCS

Signature:

Cari L. Paige 192665

Digitally signed by Cari L. Paige 192665
Date: 2019.03.04 15:37:27 -07'00'

Authorized Fee:

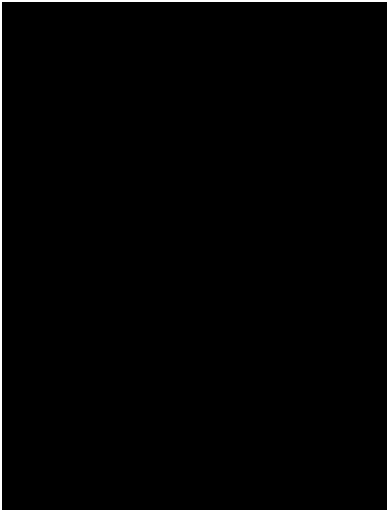
\$2112.00

Date Request to COMS:

03-04-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.05 15:56:45 -07'00'

Authorized Fee: \$860.00

Date Request to COMS: 03-05-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other DEMPS
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

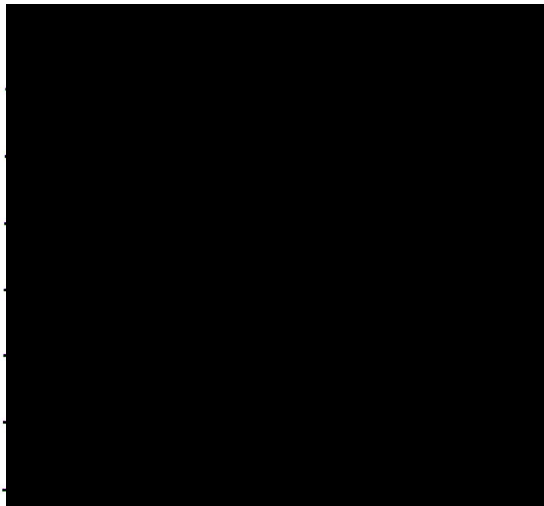
Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.05 15:56:45 -07'00'

Authorized Fee: \$1423.00

Date Request to COMS: 03-05-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

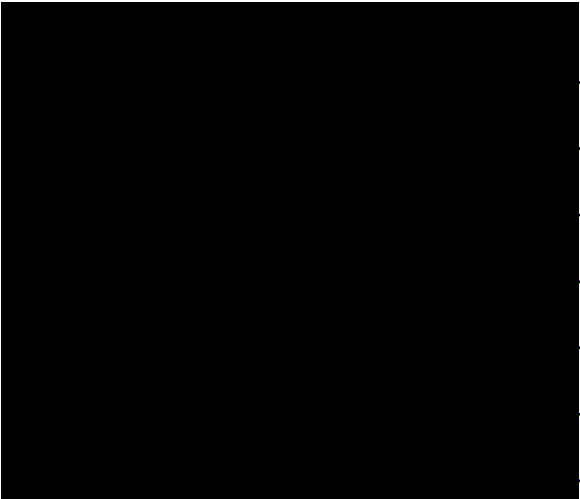
Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.07 11:23:08 -07'00'
 Authorized Fee: \$490.00
 Date Request to COMS: 03-07-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

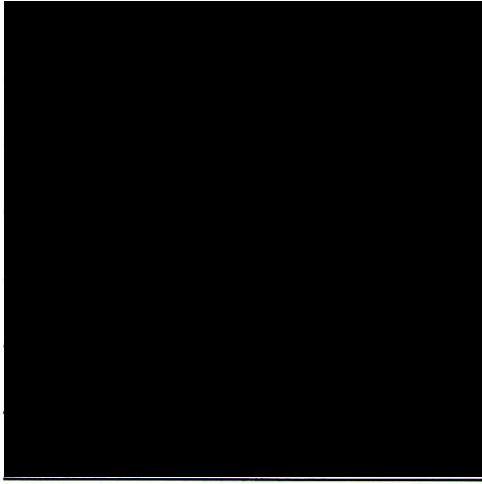
Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.11 14:57:24 -06'00'

Authorized Fee: \$815.00

Date Request to COMS: 03-11-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

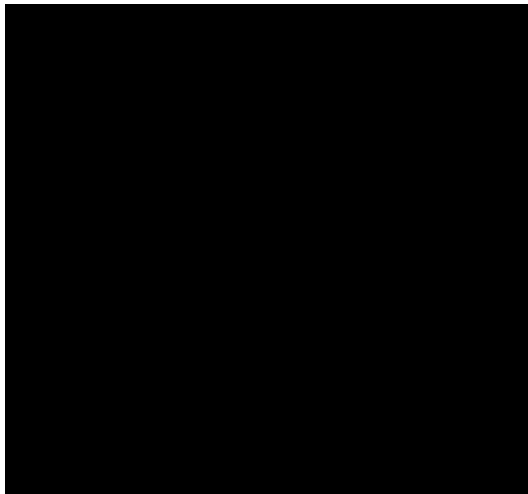
Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.11 14:57:24 -06'00'
 Authorized Fee: \$860.00
 Date Request to COMS: 03-11-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.12 15:08:24 -06'00'
Authorized Fee: \$477.63
Date Request to COMS: 03-12-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

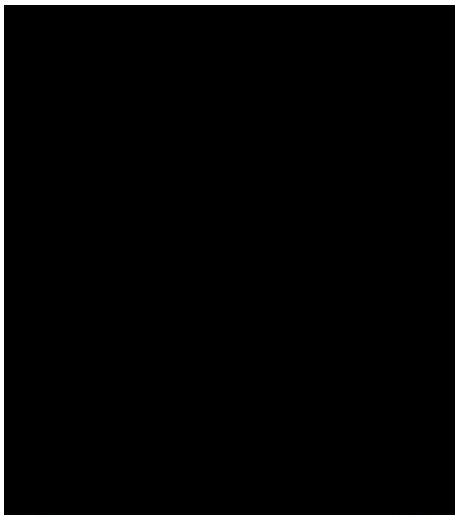
Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
 Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.12 15:08:24 -06'00'
 Authorized Fee: \$477.63
 Date Request to COMS: 03-12-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

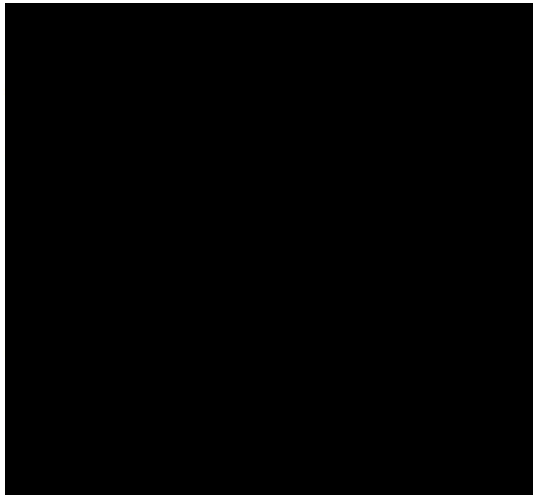
Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.12 16:23:16 -06'00'
Authorized Fee: \$860.00
Date Request to COMS: 03-12-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.13 11:25:20 -06'00'

Authorized Fee: \$815.00

Date Request to COMS: 03-13-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____
Preferred Location: Billings Helena
Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
Type: Evaluation Examination (specify)

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.13 11:25:20 -06'00'
Authorized Fee: \$2112.00
Date Request to COMS: 03-13-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.13 11:25:20 -06'00'

Authorized Fee: \$2112.00

Date Request to COMS: 03-13-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

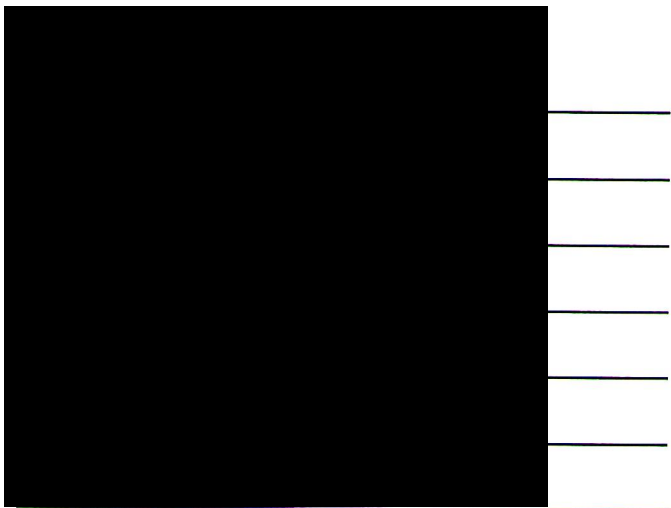
Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.13 11:25:20 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 03-13-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):
Date of Birth (mm-dd-yyyy):
Social Security Number:
Phone - cell:
Phone - alternate:
Address:
City, State, Zip:



Preferred Location: Billings Helena

Availability (within next two weeks): Need signoff by end of May 2019

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

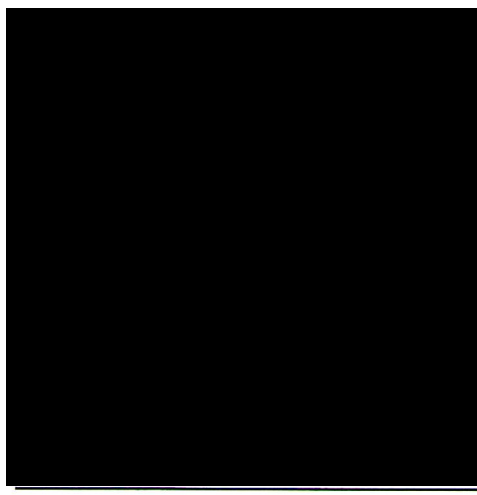
Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.15 10:41:27 -06'00'
Authorized Fee: \$1386.47
Date Request to COMS: 03-15-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Need signoff by end of May 2019

Purpose: Pre-Placement Annual Other _____
Type: Evaluation Examination (specify)

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.15 10:41:27 -06'00'
Authorized Fee: \$1386.47
Date Request to COMS: 03-15-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other DEMPS
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

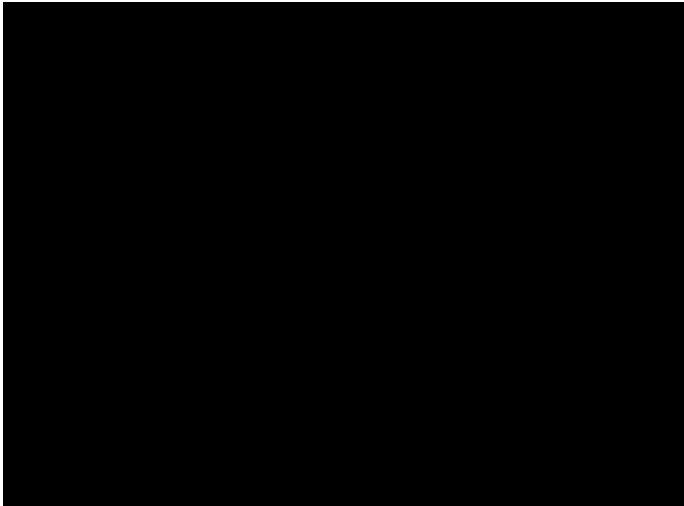
Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.15 11:37:07 -06'00'

Authorized Fee: \$1423.00

Date Request to COMS: 03-15-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):
Date of Birth (mm-dd-yyyy):
Social Security Number:
Phone - cell:
Phone - alternate:
Address:
City, State, Zip:



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.15 11:37:07 -06'00'

Authorized Fee: \$860.00

Date Request to COMS: 03-15-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): N/A

Purpose: Pre-Placement Annual Other Review
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.15 11:37:07 -06'00'

Authorized Fee: \$325.00

Date Request to COMS: 03-15-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____

Date of Birth (mm-dd-yyyy): _____

Social Security Number: _____

Phone - cell: _____

Phone - alternate: _____

Address: _____

City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
 Other: _____

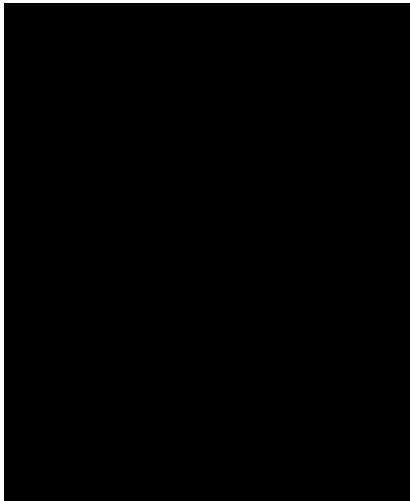
Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.22 10:54:39 -06'00'

Authorized Fee: \$490.00

Date Request to COMS: 03-22-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): N/A

Purpose: Pre-Placement Annual Other Review
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.25 08:57:26 -06'00'

Authorized Fee: \$325.00

Date Request to COMS: 03-25-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.25 12:03:58 -06'00'
 Authorized Fee: \$860.00
 Date Request to COMS: 03-25-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver
Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.25 12:03:58 -06'00'
Authorized Fee: \$860.00
Date Request to COMS: 03-25-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.25 12:03:58 -06'00'
Authorized Fee: \$815.00
Date Request to COMS: 03-25-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
 Date of Birth (mm-dd-yyyy): _____
 Social Security Number: _____
 Phone - cell: _____
 Phone - alternate: _____
 Address: _____
 City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): N/A

Purpose: Pre-Placement Annual Other Review
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.25 08:57:26 -06'00'
 Authorized Fee: \$325.00
 Date Request to COMS: 03-25-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839
1706839 Date: 2019.03.28 13:29:54 -06'00'

Authorized Fee: \$815.00

Date Request to COMS: 03-28-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle):
Date of Birth (mm-dd-yyyy):
Social Security Number:
Phone - cell:
Phone - alternate:
Address:
City, State, Zip:



Preferred Location: Billings Helena

Availability (within next two weeks): N/A

Purpose: Pre-Placement Annual Other Review
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

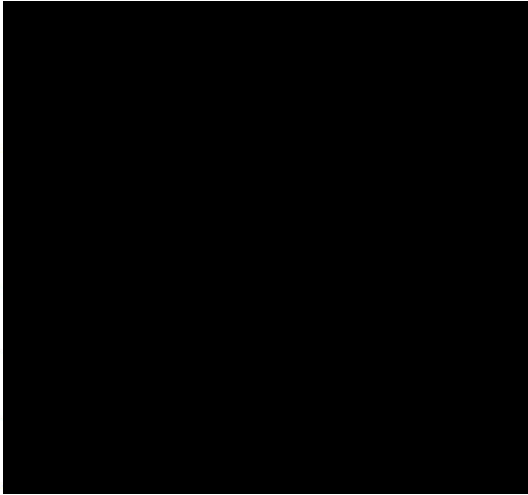
Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.28 10:59:55 -06'00'
Authorized Fee: \$100.00
Date Request to COMS: 03-28-2019

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____



Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Mishanda D. Wojciechowski 1706839
Authorized Fee: \$477.63
Date Request to COMS: 03-29-2019

Digitally signed by Mishanda D. Wojciechowski 1706839
Date: 2019.03.29 10:26:05 -06'00'

Montana VA HCS - Medical Evaluation or Examination Request

Name (last, first middle): _____
Date of Birth (mm-dd-yyyy): _____
Social Security Number: _____
Phone - cell: _____
Phone - alternate: _____
Address: _____
City, State, Zip: _____

Preferred Location: Billings Helena

Availability (within next two weeks): Anytime

Purpose: Pre-Placement Annual Other _____
(specify)

Type: Evaluation Examination

Components: Immunity Panel T-Spot TB Screening
 Urine Drug Screen

Special Job Titles: Boiler Plant Operator
 Firefighter Police Officer
 Motor Vehicle Operator & Incidental Driver

Other: _____

Montana VA HCS Signature: Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665
Date: 2019.03.26 08:51:49 -06'00'

Authorized Fee: \$2309.00

Date Request to COMS: 03-26-2019