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One Stop Vendor Payment Inquiry
Check Details

ATHELAS INSTITUTE INC

Vendor Information

Prefix: **1**
Vendor #: **521225887**
Mail Code: **000**
Vendor Address: **9104 RED BRANCH ROAD**
COLUMBIA , MD 21045 2014

Check Information

Check Number: **507219289**
Check Total: **$22,741.91**
Check Date: **12/17/2021**
Check Status: **600-Paid**
Status Date: **12/16/2021**

Payment Details

Agency	Doc No	Doc Date	Invoice No	Invoice Date	Invoice Amount	Ref Doc
N12 / N00	V2605212	12/09/2021	HCSS-21001	09/30/2021	$6,140.01	P2601535
Original Invoice Information						
N00	P2601535	12/09/2021	HCSS-21001	09/30/2021	$4,052.41	
N00	P2601535	12/09/2021	HCSS-21001	09/30/2021	$2,087.60	
N12 / N00	V2605214	12/09/2021	HCSS-21002	10/31/2021	$16,601.90	P2601535
Original Invoice Information						
N00	P2601535	12/09/2021	HCSS-21002	10/31/2021	$10,957.25	
N00	P2601535	12/09/2021	HCSS-21002	10/31/2021	$5,644.65	

Agency/Contact Information

Agency Name: **DEPARTMENT OF HUMAN SERVICES**
Telephone Number: **410- 836- 4965**

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