



NEWBORN SCREENING BENEFITS Low-Protein Foods Monthly Billing Report

List below each NBS Benefits client served, the cost of products delivered, the cost of shipping and the total of both amounts. Attach this document to the [State of Texas Purchase Voucher \(Form B-13\)](#)

Vendor Name: _____

Month and Year: _____

NBS Benefits Client Name	Monthly Cost of Products	Monthly Cost of Shipping	Total Cost for the Month
Total Monthly Billed Amount:	\$	\$	\$

Form B-13 in Box 13 – Enter the Total Cost for the Month.
 Form B-13 in Box 23 – List and label each of the Total Monthly Billed Amounts on separate lines.