



Georgia Vocational Rehabilitation Agency
Provider Checklist for Pre-ETS Payments

PROVIDER'S NAME:

MONTH OF SERVICE:

NAME OF EMPLOYEE
COMPLETING CHECKLIST:

A. Pre-Event Action Steps

1. Date of event.....
2. Date authorization request was submitted to GVRA
3. Was authorization request submitted 7 days in advance of the event?..... Yes No
4. Date authorization was received.....

B. Post-Event Invoice Information

1. Sign-in sheets are present and complete for each training?Yes No
2. Student names on the roster and sign-in sheet match? Yes No
3. Sign-in sheets correspond to each student for dates and hours of each event?..... Yes No
4. Activity sheet is completed and attached to invoice? Yes No
5. Curricula is attached to the invoice? Yes No

Provide a brief explanation of NO was the response to any of the above questions. Please reference the specific section and number.