

**VR INVOICE**  
**TYPE: INDIVIDUAL**

PROVIDER NAME:  
PROVIDER EMAIL:  
PROVIDER TELEPHONE:  
PROVIDER ADDRESS:

INVOICE NUMBER:  
AUTHORIZATION NUMBER:  
PARTICIPANT'S NAME:

Total Hours This Period: \_\_\_\_\_ Total Amount this Period: \_\_\_\_\_ Client SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<i><b>Instructor/Facilitator Name</b></i>	<i><b>Describe <u>Service</u> Provided</b></i>	<i><b>Service Item Code</b></i>	<i><b>Date of Service</b></i>	<i><b>Start Time</b></i>	<i><b>End Time</b></i>	<i><b>Total Number of hours</b></i>	<i><b>Amount Invoiced for Service</b></i>

It is the responsibility of the provider to ensure that all provider invoice packets include proof of participation by a VR client in an authorized service. Proof of client participation can be met by submitting one or more of the following:

A. Check document(s) being submitted:

Client signed time sheet    Client signed progress report    Client signed attendance sheet    Client signed provider invoice

**IF a provider is unable to submit one of the above, you must complete Section B below:**

B. Complete if no client signature documents are being submitted. Provide explanation for why provider was unable to obtain client signature.

Check if client signature was not received: **(Explanation is subject to approval before payment is processed)**

***I hereby attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative to sign such an agreement for the party I represent.***

***I understand that in order to be reimbursed for the rendering of services, I must submit an invoice packet(s) in accordance with the approved written authorizations, rate schedule, and the GVRA/VR Provider Guidelines Manual within 30 days of the completion of the services being provided. I understand that all invoices must match or be less than the written service authorization.***

PROVIDER SIGNATURE:

DATE: