INVOICE DATE	:	
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PROVIDER'S NAME:

**REMIT ADDRESS:** 

PROVIDER'S INVOICE #:

INVOICE TYPE: Individual Group AUTHORIZATION #:

\*Only names listed on the authorization can be added to this invoice

Instructor/Facilitator Name (s): Total Hours: Total Amount: \$

Participant's Name (s)	Service Item Code	Service Description	Dates (s) of Service	Start Time	End Time	Total Number of hours/Units	Amount invoiced for service

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PROVIDER'S NAME:	PROVIDER'S INVOICE #	: AUTHORIZATION #:
It is the responsibility of the provider to ensure that	at all provider invoice packets incl	ude proof of participation by a VR client in
an authorized service. Proof of client participation	·	· · · · · · · · · · · · · · · · · · ·
A. Check document(s) being submitted		
Client signed time sheet (or) Client signed progress report (or) Client signed attendance sheet; (or) Client signed provider invoice		
IF a provider is unable to submit one of the above	e, you must complete Section B b	elow:
B. Complete if no client signature documents are unable to obtain client signature:	being submitted. Provide explanat	tion for why provider was
☐ Check if client signature was not received		
(Explanation is subject to approval before payme	nt is processed)	
I hereby attest that this information is true, accur concealment of material fact may subject me of liability. Furthermore, I am a duly authorized repre	or the represented organization	to administrative, civil, or criminal
I understand that in order to be reimbursed for the with the approved written authorizations, rate school the completion of the services being provided. I undauthorization.	edule, and the GVRA/VR Provider	Guidelines Manual within 30 days of
Participant's Signature:		Date:
Provider/Instructor's Signature:		Date: