MONTANA VOCATIONAL REHABILITATION

IPE Date:

PO Number:

Financial Date:

Case Status:

WORKSHEET for Authorization of Services

Client Name:

SSN

Click link below for current Fee Schedule and Financial Need Standard
http://www.dphhs.mt.gov/vocrehab/counselormanual/chapter2.pdf#2.8

*FY= fiscal yr or "9 month" (10/01-06/30)
*IQ = interim qtr (07/01-09/30)

VENDOR	SERVICE CATEGORY	SERVICE DESCRIPTION	Beg Date	End Date	*BUDGET	AMOUNT

SPECIAL REQUEST	RATIONALE FOR REQUEST	SUPERVISOR INITIALS	
☐ Direct Pay to Client			☐ YES ☐ NO
☐ Reimbursement to client			☐ YES ☐ NO
☐ Credit Card Purchase			☐ YES ☐ NO

Notes:

Counselor
Electronic Signature:

Signature Date:

Print Form