



Vocational Rehabilitation & Blind Services

Disability Employment & Transitions Division

Attachment I - Invoice

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|--|------------------|
| Invoice Service Dates: <p style="text-align: center;">Calendar Year _____</p> <input type="checkbox"/> Jan-Mar <input type="checkbox"/> Apr-Jun <input type="checkbox"/> Jul-Sept <input type="checkbox"/> Oct-Dec | |
| Contract #: | Tax ID #: |
| Contractor Name/School District: | |
| Contractor/School District Address and County: | |

| High School Name(s) Where Services Were Provided | # of Qualifying Students Served | Quarterly Fee |
|--|---------------------------------|---------------|
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| Invoice Total: | | |

Please attach all supporting documents, including the quarterly PETS report, to this invoice before submitting to Vocational Rehabilitation & Blind Services for payment.

I certify to the best of my knowledge that the invoiced amount above is correct and that all services under this contract have been provided for this time period stated above:

Signature of Contractor's Authorizing Official

Date

Printed Name and Title

Departmental Approval:

| Signature(s) | Approved Amount | Date |
|--------------|-----------------|------|
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