Vocational Rehabilitation and Blind Services

Purchase Order
PO #: 987654
PO Date: 09/25/2021
Created By: STAFF

Vendor Information:
MT CRP
123 SERVE ST
GREAT FALLS, MT 59403
Phone # (406)555-2204
Fax #
Vendor ID # 102132

Return this form to:
Great Falls
COUNSELOR
456 REHAB LN
GREAT FALLS, MT 59403
Phone # (406)232-0000
Fax # (406)232-1111

Name: JOHNATHAN SMITH
Description of Services or Goods Provided: Job Search Assistance (JSA) - 6 hours per month @ $56.52 per hour for Oct-Dec 2021 (Central Office approved 9/19/21)

Print Date: 9/27/2021

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Start Date/End Date</th>
<th>Amount Authorized</th>
<th>Amount Invoiced</th>
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$ TOTAL

Prior Counselor Approval is Needed If Cost of Services Exceeds the Amount Authorized.

Vendor Information:
To obtain payment please return this PO with your INVOICE OR complete amount invoiced above and sign & date below. Return purchase order to the requesting office.

I certify that the amounts reflected on this invoice represents services actually furnished and that payment has not been received.

For Office Use Only:

Paid ___________ Initials
Processed ___________ Initials

Comment: _______________________________________________________

Approved Amount: ___________________

Vendor Signature __________________________ Date ____________

Date: ___________

Comment: ______________________________________________