



**Vocational  
Rehabilitation & Blind  
Services**

Disability Employment & Transitions  
Division

## INVOICE

<b>Invoice Service Dates:</b>			
Calendar Year _____			
<input type="checkbox"/> Jan-Mar	<input type="checkbox"/> Apr-Jun	<input type="checkbox"/> Jul-Sept	<input type="checkbox"/> Oct-Dec
<b>Contractor Name/School District:</b>			
<b>Contractor/School District Address and County:</b>			

High School Name(s) Where Services Were Provided	# of Qualifying Services	Quarterly Fee
<b>Invoice Total:</b>		

*Please attach the quarterly Pre-ETS report to this invoice before submitting to local Vocational Rehabilitation & Blind Services Office 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)-Local VRBS Representative	Approved Amount	Date