



Vocational Rehabilitation Services Invoice



CLAIM NUMBER	RECOVERY SPECIALIST	DATE OF CRASH (dd/mmm/yyyy)
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INVOICE INFORMATION		
DATE OF REPORT (dd/mmm/yyyy)	VENDOR NUMBER	INVOICE/REFERENCE NUMBER
PAYEE NAME		
PAYEE ADDRESS		
PAYEE ADDRESS		

CUSTOMER INFORMATION		
FIRST NAME	LAST NAME	
DATE OF BIRTH (dd/mmm/yyyy)	PHONE NUMBER	EMAIL
ADDRESS		
ADDRESS		

TIME CHARGES					
Service Description	Hours	Rate	GST (if applicable)	Amount	Service Date
Supported Job Search					
Interview Preparation Support					
Resume Building Support					
Vocational Counselling					
Other (enter additional services)					
Other (enter additional services)					
Other (enter additional services)					
Other (enter additional services)					

Invoice Total \$ _____

Invoice must be reconciled with pre-approved treatment or rehabilitation plan.

Note: Travel and mileage costs are not authorized and cannot be added to this invoice