

Services to be Provided to:

Name :
Address :

Return Billing Copy to:

Services Provided by:

Payee :
Address :

Authorization # :
Case # :
IVRS Contact :
Contact Phone # :
Vendor # :

INSTRUCTIONS: Complete the billing section and sign and return this form (or attach an original invoice) within 45 days after services have been provided. If services are completed on different dates, photocopy this form and submit separately for payment after each service. Claims may not exceed the maximum. Return completed form to the address above. You may make a photocopy for your records. As an agency of the State of Iowa, IVRS is exempt from State of Iowa sales and use taxes.

<u>Authorized Service Description # 1</u>	<u>Start Date</u>	<u>End Date</u>	<u>Qty</u>	<u>Unit Cost</u>	<u>Adjustment(+/-)</u>	<u>Total</u>
Billing Section	<u>Service Provided Date</u>		<u>Qty Billed</u>	<u>Unit Cost</u>		<u>Total Billed</u>
To be Completed By Payee :	_____		_____	_____	\$ _____	

<u>Authorized Service Description # 2</u>	<u>Start Date</u>	<u>End Date</u>	<u>Qty</u>	<u>Unit Cost</u>	<u>Adjustment(+/-)</u>	<u>Total</u>
Billing Section	<u>Service Provided Date</u>		<u>Qty Billed</u>	<u>Unit Cost</u>		<u>Total Billed</u>
To be Completed By Payee :	_____		_____	_____	\$ _____	

<u>Original Authorization Total</u>	<u>(+) Amendment Total To-Date</u>	<u>(-) Cancellation Total To-Date</u>	<u>Current Authorization Total</u>

Authorized By :

Authorized Date:

Any apparent errors or misunderstandings should be reported to the Agency at once. Acceptance of this authorization is certification that the provider of services does not discriminate on the basis of age, race, creed, color, sex, national origin, religion, disability, ancestry, sexual orientation, gender identity, or veteran status. Persons with concerns or questions regarding civil rights compliance should contact: Chief, Administrative Services Bureau, Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa 50319 (Telephone 515/281-4318). Training institutions will provide this agency with regular progress reports. The continuation of this program is at all times dependent upon satisfactory progress. The Agency assumes no responsibility for payment if any deviation from the authorized program of services is made without prior approval and official revision of this authorization. Authorized amounts may be reduced or canceled should funds be delayed or curtailed.

I certify services have been provided as specified in this authorization/billing.

Payee Signature (or attach original invoice)

Signature Date

Final Invoice: Please check this box if this is the final claim for this authorization.

For IVRS Office Use Only:
<i>I certify the goods and/or services have been received.</i>
Approval to pay: _____
Date: _____

___ Billing Copy ___ Case file copy ___ Client Copy (This is not a bill.)