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| INVOICE |

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| Name of Company  Address  Phone  Email  Contract # | INVOICE DATE:  INVOICE # |

|  |  |
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| TO | Vocational Rehabilitation  Name of Counselor  Address |

|  |  |  |  |
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| SERVICE PROVIDED | AFP NUMBER | DATE(S) OF SERVICE | PARTICIPANT NAME |
|  |  |  |  |

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| QTY | DESCRIPTION / ITEMIZATION OF SERVICES RENDERED | UNIT PRICE | TOTAL |
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|  |  | SUBTOTAL |  |
|  |  | SALES TAX |  |
|  |  | TOTAL |  |

Make all checks payable to Name of Company

**Thank you for your business!**