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| --- |
| INVOICE |

|  |  |
| --- | --- |
| Name of CompanyAddressPhoneEmailContract # | INVOICE DATE:      INVOICE #       |

|  |  |
| --- | --- |
|  TO | Vocational RehabilitationName of CounselorAddress |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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!**