

Pre-ETS INVOICE

Oregon Vocational Rehabilitation



OREGON DEPARTMENT OF
Human Services

Invoice # _____

Contractor Name:		Contract No.	Service Month/Year	
			Contact:	
Contractor Address:			Phone No:	
City:	State	Zip	Contact Email:	
	OR			
Pre-Employment Transition Services - Direct Services		# Hours	Price	Total
Job Exploration Counseling			\$66.00	
Work Based Learning Experience			\$66.00	
Counseling on Post Secondary Programs			\$66.00	
Workplace Readiness Training			\$66.00	
Instruction in Self-Advocacy			\$66.00	
* Attach Direct Service Montly Report with corresponding hours to invoice			Total	
Costs to Coordination of Pre- ETS		Hrs/Qty	Price	Total
Coordination of Services			\$66.00	
* Attach Coordination Montly Report with corresponding hours to invoice			Total	
Student wages Monthly total				Total
Student Wages				
* Attach: Student Paystub			Total	
Total Monthly Invoice				
I certify that the costs incurred are valid and consistent with the contract agreement.				
Signature			Date	

Payment will not be processed if:

- This form is incomplete
- This form is not signed
- Amounts requested for payment include prohibited costs

Submit fully completed and signed invoice monthly via Smart Sheet Business Dashboard. Submit by the 5th of 2 months of Service

10/1/2025