

Arizona Department of Economic Security
 Rehabilitation Services Administration
 Supported Employment-Extended

CONTRACTOR INVOICE FORM

Billing Period (Month/Year):

Invoice Number:

Contractor's name:	
Contractor's Phone Number:	Contractor's Fax Number:
Contract Number:	Contractor's FEI or Last 4 digits of SSN Number:
Contracted Service: SSBG Extended Supported Employment	
Authorization #:	

Client Name:	Number of Hours Billed	Contract Rate (\$)	Amount Billed
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL AMOUNT BILLED			

"This invoice is a true and accurate account of the services listed on this statement for the time period specified; this invoice constitutes the full and complete charge for the services described above; that no further invoices for payment of these services will be made; these services have been provided without discrimination based on age, race, color, creed, gender, religion or national origin and that this statement is subject to federal and state audit review." The invoice shall be signed and dated by the person authorized to submit invoices for the Contractor.

Name, title, phone number, and email of the Contractor's designated person who prepared this form.

Name:
 Title:
 Phone Number:
 Email:

Signature: _____

Date: