

# JOB Authorization Request & Billing Form

Individual's Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

EC: \_\_\_\_\_

DRS Counselor: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Authorization Date: \_\_\_\_\_

Job Service Begin Date: \_\_\_\_\_

Employment Begin Date: \_\_\_\_\_

Job Service 60 Day Completion Date: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Date Referred: \_\_\_\_\_

## JOB Authorization Request

If Needed

### Service

### Rate

Job Service

\$1,250

**FOR DRS USE ONLY** Authorization Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

## JOB Billing

### Service

### Rate

Job Service

\$1,250

**FOR DRS USE ONLY** Paid Date: \_\_\_\_\_ by \_\_\_\_\_.

Person Submitting Form: \_\_\_\_\_ Date: \_\_\_\_\_