

JOB'S Authorization Request & Invoice

Yellow highlighted blocks required for authorization request. **All blocks required for invoice.**

Individual's Name: _____ Contractor Name: _____

EC: _____ DRS Counselor: _____

Authorization Number: _____ Authorization Begin Date: _____

Date Referred: _____ Date of Intake: _____

Job Service Begin Date: _____ Job Service 60-Day Completion Date: _____

Invoice Number: _____ Invoice Date: _____

Case ID number: _____

JOB'S Authorization Request Section

Service

Rate

JOB'S Service **Authorization Request Date** _____

\$1,250

FOR DRS USE ONLY Authorization Number: _____ Date Issued: _____

JOB'S Service Invoice Section

Service

Rate

JOB'S Service **Invoice Amount Date** _____

\$1,250

FOR DRS USE ONLY Invoice Paid Date: _____ by _____
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Notes:

Employment Consultant: _____ Date: _____

Person Submitting Form: _____ Date: _____