



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF LEARNING SERVICES - OFFICE OF ADULT LEARNING AND REHABILITATION SERVICES

MEDICAL CONSULTANT INVOICE

(Request for payment for services rendered by medical consultants)

INSTRUCTIONS

Return completed form to District Manager or Assistant District Supervisor for approval. Wet signatures are required for payment.
 FAX the completed form to: Central Office Accounting at 573-522-3268.
 QUESTIONS: Contact 877-222-8963 or vrddacct@vr.dese.mo.gov.

OFFICE	MONTH AND YEAR OF SERVICE (MM/YYYY)
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INVOICE

SERVICE CODE	Fee per Service Code	Number of service codes performed in month	Total Per Service Code
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
		Total Payment Due	\$ -

ASSURANCES

CONSULTANT NAME

LAST 6 DIGITS SAM II VENDOR CODE

CONSULTANT ADDRESS

I hereby certify that this represents a true and accurate summary of services provided for Vocational Rehabilitation/Disability Determinations during the invoice period.

CONSULTANT SIGNATURE	DATE
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SUPERVISOR SIGNATURE	DATE
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SUPERVISOR TITLE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator - Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.