

Pre-ETS INVOICE

Oregon Vocational Rehabilitation

Invoice # _____

Contractor Name:		Contract No.	Service Month/Year	
			Contact:	
Contractor Address:			Phone No:	
City:	State	Zip	Contact Email:	
	OR			
Pre-Employment Transition Services		# Hours	Price	Total
Job Exploration Counseling			\$50.00	
Work Based Learning Experience			\$50.00	
Counseling on Post Secondary Programs			\$50.00	
Workplace Readiness Training			\$50.00	
Instruction in Self-Advocacy			\$50.00	
* Attach student list and corresponding hours to invoice			Total	
Costs to Provide Pre-Employment Transition Services		Hrs/Qty	Price	Total
Coordination of Services			\$50.00	
Mileage - Use current approved rate				
Supplies				
Per Diem - Lodging				
Per Diem - Meals				
Student Wages				
* Attach mileage logs, lodging receipts, Student Wage Verification			Total	
Per diem rates: https://www.oregon.gov/wcb/Documents/interpreter/travelrates24a.pdf				
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 25th of the month following the month of service

Revised: 6/28/2024