# SUPPORTED EMPLOYMENT RETENTION SERVICES INVOICE DETAIL Template (11.18.22)

**This form template is optional to use.** Community Rehabilitation Programs (CRPs) providing Supported Employment Retention Services to DOR Consumers may use this form template for invoicing/reporting or may create their own invoice form if the same information/data is covered. Please contact your Local Resource Specialist if you would prefer an unrestricted/unlocked template to customize for your agency.

## Billing Information

**SE Service Provider Agency Name:**

**SE Service Provider Agency Address:**

**DOR District:** **Billing Month:** **Billing Year:**

## Instructions

Attach SE Retention Invoice Detail to the Supported Employment Retention and Job Coaching Invoice Summary.

## SE Retention Service Provision Detail

| **Row #** | **Consumer Name****(Last, First)** | **NMED Authorization Number** | **DOR QRP****(Last Name)** | **Associated Regional Center** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
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| **10** |  |  |  |  |
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| **12** |  |  |  |  |
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| **14** |  |  |  |  |
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| **16** |  |  |  |  |
| **17** |  |  |  |  |
| **18** |  |  |  |  |
| **19** |  |  |  |  |
| **20** |  |  |  |  |
| **21** |  |  |  |  |

**Total Consumers Invoiced**

## Distribution:

[ ]  DOR District Office [ ]  SE Service Provider

**NOTICE:** This is confidential information from the records of the California Department of Rehabilitation. State law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.