####

#### [Provider/Vendor Street Address]

#### [[City], [State] [Zip Code]

[Phone Number of Provider/Vendor]

[Email Address of Provider/Vendor]

[Website of Provider/Vendor]

Invoice # [Best Practice]

Date [Date invoice was sent to participant]

To

[Participant Name]

For

[Waiver Service]

| **Date of Service** | **Start Time** | **End Time** | **Description of service rendered** | **Hours Worked (by quarter hour)** |
| --- | --- | --- | --- | --- |
|  |  |  | [Name of Person who provided the service][Description of tasks provided] |  |
|  |  |  | [Name of Person who provided the service][Description of tasks provided] |  |
|  |  |  | [Name of Person who provided the service][Description of tasks provided] |  |
| Total - [total hours billed] \*[$ amount charged] | **[Total $ amount charged]** |

Signature [of the person receiving services or their Designated Representative]­­­­

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#### **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**