INDIVIDUAL SERVICE PROVIDER INVOICE

DR 296 (Rev. 07/12)

Instructions to ISP:

- Complete the following items below and attach DR296A worksheet(s) listing itemized services.
- Submit invoices at end of month. One invoice per counselor; list all consumers referred by that counselor.

Bill to (Address of Referring DOR Office):					From ISP Provider (Name & Address):				
Department of Rehabilitation									
Services for the Month/Year:			District:				Counselor Name:		
Convictor for the mental real.			2.00.100						
NMED		Total	Fee	Subtota		Cost	Allowable	Subtotal	Consumer
Number	Consumer Name	Hours	Rate/Hour		Miles	Per Mile	Travel Costs		Total
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
TOTAL CLAIMED: \$									
I, the provider, hereby certify under penalty of law that the itemized services were actually rendered and are billed in accordance									
with DOR policies and procedures, and that presenting a false claim may result in treble damages, a fine of up to ten thousand dollars (\$10,000) and costs of a civil suit (False Claims Act, Government Code section 12651). No payment has been or will be									
received for the services from any other source. Services performed have been provided in accordance with the Civil Rights Act									
of 1964 (P.L. 88-352). ISP Signature: Date Signed: Social Security Number:									er:
€									
The Department is required to report to the Internal Revenue Service certain payments made for services it receives. The State									
Franchise Tax Board may require that the Department file a copy of this information with that agency. (26 USCA, Sections 6041, 6041A & Cal. Rev. & Tax Code 18631.) Your Social Security number is collected to comply with this federal and state reporting									
requirement.									
DOR USE ONLY Services Received and Approved for Payment									
DOR Approval Signature:				Approval Title:				Date Approved:	
Ø.								<u> </u>	
Distribution Copy 1 - Controller Copy 2 - C.O. Accounting Copy 3 - District Paid File Copy 4 - Provider									

NOTICE: The consumer's name is confidential information that may not be disclosed without the informed, written consent of the person to whom this information pertains. This invoice, however, is a public record that may be released without the consumer's personal information.