STATE OF CALIFORNIA DEPARTMENT OF REHABILITATION

SUPPORTED EMPLOYMENT - INVOICE DETAIL (Individual Placement)

DR385B (Rev. 02/08)

SE Service Provider:	SEP #:	DOR District:	Billing Month/Year	Page of Pages

***** Service Code: **Placement Services:** **I** - Intake **P** - Placement **R** - Retention

Job Coaching: **J** - Individual Job Coaching

(Note: group job coaching is invoiced on monthly CAS170AA - Clients Authorized to use Case Service Contract)

Consumer Name (Last, First)	* Service Code	Authorization Number	DOR Counselor (Last Name)	Hours Invoiced	Rate	Amount Invoiced
					TOTAL INVOICE AMOUNT	$0.00

Distribution: ☐ DOR District Office ☐ 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.