



Consumer Support Provider Information

Please make sure to fill out your contact information completely.

Description	Information
Invoice Date:	mm/dd/yyyy
Consumer Support Provider:	
Federal ID:	
Address:	
City, State, Zip Code:	MO
Telephone:	

Consumer 1 Information

Date of Service:	mm/dd/yyyy				
Consumer's Name:					
Type of service provided:	Assessment	Installation	Training	Install./Trng.	Deaf-Blind Trng.

Service	Rate	Quantity	Amount
Telephone Support - Number of Hours:	\$20.00/Hour		
On-Site Support - Number of Hours:	\$60.00/Hour		
Time In-Transit - Number of Hours:	\$30.00/Hour (after first 30 minutes)		
Mileage:	\$0.37/mile		
Driver - Number of Hours:	\$7.25/Hour		
Public Transportation - Actual Cost (original receipt required):			

Total:

Installation and Training on Adaptive Computer Equipment: