



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: | \$0.43/mile | | |
| Driver - Number of Hours: | \$9.45/Hour | | |
| Public Transportation - Actual Cost (original receipt required): | | | |

Total:

Installation and Training on Adaptive Computer Equipment: