STATE OF CALIFORNIA DEPARTMENT OF REHABILITATION

VR/WAP - WORK SERVICES INVOICE DETAIL

DR 373B (New 02/08)

Work Services Provider:	WAP #:	DOR District:	Billing Month/Year	Page of Pages

Consumer Name (Last, First)	Authorization Number	DOR Counselor (Last, First Initial)	Days Invoiced	Daily Rate	Hours Invoiced	Hourly Rate	Amount Invoiced
				TOTAL INVOICE AMOUNT			

Distribution: DOR District Office WAP Service Provider

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