



Vocational Rehabilitation and Blind Services

Purchase Order
 PO #: 987654
 PO Date: 09/25/2021
 Created By: STAFF

Vendor Information:

MT CRP
 123 SERVE ST
 GREAT FALLS, MT 59403
 Phone # (406)555-2204
 Fax #
 Vendor ID # 102132

Return this form to:

Great Falls
 COUNSELOR
 456 REHAB LN
 GREAT FALLS, MT
 59403
 Phone # (406)232-0000
 Fax # (406)232-1111

Name: JOHNATHAN SMITH
Description of Services or Goods Provided: Job Search Assistance (JSA) - 6 hours per month @ \$56.52 per hour for Oct-Dec 2021 (Central Office approved 9/19/21)

Print Date: 9/27/2021

Service Category	Start Date/End Date		Amount Authorized	Amount Invoiced
1. Job Search Assistance	10/01/2021	10/31/2021	\$339.12	
2. Job Search Assistance	11/01/2021	11/30/2021	\$339.12	
3. Job Search Assistance	12/01/2021	12/31/2021	\$339.12	
4.				
PRIOR COUNSELOR APPROVAL IS NEEDED IF COST OF SERVICES EXCEEDS THE AMOUNT AUTHORIZED.			\$ TOTAL	

Vendor Information:

To obtain payment please return this PO with your INVOICE **OR** complete amount invoiced above and sign & date below. Return purchase order to the requesting office.

I certify that the amounts reflected on this invoice represents services actually furnished and that payment has not been received.	<u>For Office Use Only:</u> <input type="checkbox"/> Paid _____ Initials <input type="checkbox"/> Processed _____ Initials Comment: _____ Approved Amount: _____ Date: _____
	Vendor Signature _____ Date _____