



# 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.				
<b>PRIOR COUNSELOR APPROVAL IS NEEDED IF COST OF SERVICES EXCEEDS THE AMOUNT AUTHORIZED.</b>			<b>\$ TOTAL</b>	

**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.	<b><u>For Office Use Only:</u></b> <input type="checkbox"/> Paid _____ Initials <input type="checkbox"/> Processed _____ Initials Comment: _____ Approved Amount: _____ Date: _____
	Vendor Signature _____ Date _____