# Sample Invoice: Amaya Jackson

**Provider:**

Pathway to Success

1 Main St

St Paul, MN 55101

651-555-5555

**Invoice Number:** 1674321

**Invoice Date:** 12/10/22

**Provider Staff Name:** Walter Crimson

**Bill To:**

Shelly Rose, Vocational Rehabilitation Services, 332 Minnesota St., St. Paul, MN, 55101, shelly.rose@state.mn.us

**Participant Name:** Amaya Jackson **Authorization Number:** 2029193834

| **Date(s) of Service** | **Service Delivery** | **Service**  | **Number/Type of Units** | **Unit Rate** | **Total Amount** |
| --- | --- | --- | --- | --- | --- |
| 11/04 – 11/29/2022 | [x]  Individual/1:1[ ]  Group | Pre-ETS Work-Based Learning/Work Experience-Services | 16.50 hours | $85.00 | $1,402.50 |

Total Invoiced: $1,402.50