# Sample Invoice: Paul Sunflower

**Provider:**

Pathway to Success

1 Main St

St Paul, MN 55101

651-555-5555

**Invoice Number:** 18346

**Invoice Date:** 07/10/22

**Provider Staff Name:** Jonquil Johnson

**Bill To:**

Shelly Rose, Vocational Rehabilitation Services, 125 5th St., St. Paul, MN, 55101, shelly.rose@state.mn.us

**Participant Name:** Paul Sunflower **Authorization Number:** 5318101111

| **Date(s) of Service** | **Service Delivery** | **Service**  | **Number/Type of Units** | **Unit Rate** | **Total Amount** |
| --- | --- | --- | --- | --- | --- |
| 05/13/2022-05/27/2022 | [ ]  Individual/1:1[x]  Group | Pre-ETS Workplace Readiness Training | 3.75 hours | $45.00 | $168.75 |
| 05/13/2022-05/27/2022 | [ ]  Individual/1:1[x]  Group | Group travel, Pre-ETS Workplace Readiness Training |  | $33.61 | $33.61 |

Total Invoiced: $202.36