# Sample Invoice: Scarlett Pine

**Provider:**

Pathway to Success

1 Main St

St Paul, MN 55101

651-555-5555

**Invoice Number:** 38346

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

**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:** Scarlett Pine **Authorization Number:** 5029193838

| **Date(s) of Service** | **Service Delivery** | **Service**  | **Number/Type of Units** | **Unit Rate** | **Total Amount** |
| --- | --- | --- | --- | --- | --- |
| 06/02 – 06/30/22 | [x]  Individual/1:1[ ]  Group | Pre-ETS Work Experience-Services | 13 hours | $95.00 | $1,235.00 |
| 06/10 – 06/30/22 | [x]  Individual/1:1[ ]  Group | Pre-ETS Work Experience- Wages. $11/hour + 50% ($5.50)= $16.50/ hour | 70 hours | $16.50 | $1,155.50 |

Total Invoiced: $2,390.50