Arkansas Rehabilitation Services

Contracting Invoice

| Vendor Information | |
| --- | --- |
| Name (Vendor): | Today's Date: |
| SS# (Tax ID): | Cell Phone: |
| Address: |  |
| City: | State/Zip: |
| Email: | Credentials (with level) & Pay Rate: |

| Assignment Information | |
| --- | --- |
| ARS Contact Person: | Contact Number: |
| Consumer(s): | Purpose: |

|  |  |  |
| --- | --- | --- |
| Date: | Time (Start-End Time): | Miles\*\*: |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total Hours Worked:** | **Total Miles:** |

***\*\*SSP MUST SUBMIT AN ATTACHED MILEAGE REPORT***

| Compensation Report | | |
| --- | --- | --- |
| Hours Worked: | Pay Rate: | Total: |
| Total Mileage: | Mileage: $0.42 (per mile) | Total: |
|  | **Total Submitted:** |  |

Consumer's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OFFICE ONLY***

|  |  |  |
| --- | --- | --- |
| Date Received in Office | Authorizing Signature | Date Sent to Central Office |