FROM:
Business Name
Address

INVOICE

INVOICE #
FEIN
DATE: 3/3/2017

TO:
Supported Employment Agency Name
Address

FOR:
Reimbursement for Partners with Business Supports for [Name of Supported Employee]

Supported Employee's total hours worked in [month]	
Number of hours of co-worker paid support provided in [month]	
Hourly cost for Employer to provide co-worker supports	
Total reimbursement for [month]	

Monthly Supported Employee Progress Update

Please make checks payable to [business name].
Thank you!

DRAFT