

INVOICE DISCREPANCY NOTICE - SEP/WAP

DR386 (Rev. 02/08)

Vendor Name & Address:		DOR District Office Name & Address:		
SEP	WAP	SEP or WAP #:	Invoice Month/Year:	Invoice Number (if used):

Instructions: If appropriate, submit a new corrected invoice as soon as possible. The new invoice must show the original invoice month and the appropriate progress report(s) must accompany the invoice.

Reason Codes:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Consumer not on file in this district. 2. No authorization on file, authorization insufficient, or expired. 3. Progress report missing. 4. Data does not match invoice (authorization number, consumer name). 5. Invoiced hours are not supported by progress report. | <ol style="list-style-type: none"> 6. Consumer invoiced following VR case closure. 7. No original signature. 8. Invoice already paid. 9. Incorrect computations. 10. Erasures or white-outs. 11. Other: |
|--|---|

The following consumer(s) were deleted from the invoice:

Reason Code	Consumer Name (Last, First)	Authorization Number	DOR Counselor (Last Name)	Invoice Amount Deleted

Original Invoice Amount	
Total Amount Deducted from the Invoice	
Amount Processed for Payment (Original Invoice Amount less Total Deducted)	

If you have any questions, please contact:	DOR Account Tech Name:	Phone Number:	Date:
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Distribution: DOR District Office SEP/WAP Service Provider

NOTICE: This is confidential information from the records of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.