STATE OF CALIFORNIA VR/WAP - WORK SERVICES INVOICE DETAIL DR 373B (New 02/08)

Work Services Provider:	WAP #:	DOR District:		Billing Month/Year		Page of Pages	
Consumer Name (Last, First)	Authorization Number	DOR Counselor (Last, First Initial)	Days Invoiced	Daily Rate	Hours Invoiced	Hourly Rate	Amount Invoiced
TOTAL INVOICE AMOUNT							

Distribution: DOR District Office

WAP Service Provider

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