

Name  
 Address  
 City, State, Zip  
 Phone #, E-mail address

**OPS INVOICE**

<b>Bill To:</b>
Central Valley Regional Center
4615 N. Marty Ave.
Fresno, CA 93722-4186

Remit payment to address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Invoice #</b>	
<b>Billing date:</b>	
<b>Vendor #</b>	

Date(s) of Service	Client/Person(s) meet with	Description of Services	# of Service Units/Hours	Rate	Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Contractor Signature: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

<b>Totals:</b>			
	Travel from Reverse side	\$	
	Other	\$	
	Amount Due	\$	

