

# PROVIDER INVOICE

All fields required for mileage reimbursement.

**Provider Name:** \_\_\_\_\_

**Provider Office Address:** \_\_\_\_\_

**Child's First and Last Name:** \_\_\_\_\_

\_\_\_\_\_

**Discipline (i.e., SI, ST, PT, EI Examiner, etc):** \_\_\_\_\_

**Service Auth #:** \_\_\_\_\_

Date of Service	Service Provided	Start Time	End Time	Total Units	Start Address	Destination Address	Round Trip	Trip Mileage
<b>REMARKS:</b>						<b>PARENT/GUARDIAN SIGNATURE:</b>		
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<b>REMARKS:</b>						<b>PARENT/GUARDIAN SIGNATURE:</b>		

**Total Miles:** \_\_\_\_\_

I certify that the information entered as required to request First Steps mileage reimbursement is accurate and correct to the best of my knowledge. I agree to the conditions as outlined in the First Steps Mileage Guidance and Instructions as required for mileage reimbursement and understand that First Steps will adjust any and all mileage reimbursement payments if errors are found in the information I have entered. Only miles traveled for authorized First Steps services may be invoiced. The mileage claimed must be from providers that are actively enrolled with the CFO. I understand I may be required to substantiate this invoice on request.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date