



## Self-Directed Staffing Support Invoice

Individual Receiving Service: \_\_\_\_\_

Self-Directed Staffing Support: \_\_\_\_\_

Date of Service	Start Time/ End time	Total hours	Description of Services

I certify that the hours submitted for reimbursement are a true and accurate reflection of services received and that the services were provided.

Participant Approval/Signature: \_\_\_\_\_

Date: \_\_\_\_\_