

**Initial Person-Centered Plan (Service Code 024) & General Self-Directed Supports  
(Service Code 099) Invoice**

Invoice # \_\_\_\_\_ Date of Invoice: \_\_\_\_\_

**Vendor Name** \_\_\_\_\_

**Vendor #** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Hourly Billing Rate:** \_\_\_\_\_

**Name of Participant:** \_\_\_\_\_

**UCI Number:** \_\_\_\_\_

**Regional Center:** \_\_\_\_\_

**Month / Year** \_\_\_\_\_

Date	Specific Service/Task	Time by Task	Cost of Task
<b>Totals</b>			

Once completed, send form to [sdp@sdr.org](mailto:sdp@sdr.org)