

**INVOICE DISCREPANCY NOTICE - SEP/WAP**

DR386 (Rev. 02/08)

Vendor Name &amp; Address:

Independent Opportunity Support Center  
12345 Independence Boulevard  
Funkytown, CA 91233  
Attn: Melani LeClerc

DOR District Office Name &amp; Address:

Greater Los Angeles District  
3251 West 6th Street, Suite 300  
Los Angeles, CA 90020-5017

|   |   |                      |                                |  |
|---|---|----------------------|--------------------------------|--|
| <input checked="" type="checkbox"/> SEP | <input checked="" type="checkbox"/> WAP | SEP or WAP #:<br>999 | Invoice Month/Year:<br>12/2008 | Invoice Number (if used):<br>123456789012345 |
|---|---|----------------------|--------------------------------|--|

**Instructions:** If appropriate, submit a new corrected invoice as soon as possible. The new invoice must show the original invoice month and the appropriate progress report(s) must accompany the invoice.

**Reason Codes:**

- |   |   |
|---|---|
| 1. Consumer not on file in this district.                             | 6. Consumer invoiced following VR case closure. |
| 2. No authorization on file, authorization insufficient, or expired.  | 7. No original signature.                       |
| 3. Progress report missing.   | 8. Invoice already paid.                        |
| 4. Data does not match invoice (authorization number, consumer name). | 9. Incorrect computations.                      |
| 5. Invoiced hours are not supported by progress report.               | 10. Erasures or white-outs.                     |
|   | 11. Other: not applicable                       |

**The following consumer(s) were deleted from the invoice:**

| Reason Code | Consumer Name (Last, First)  | Authorization Number | DOR Counselor (Last Name) | Invoice Amount Deleted |
|-------------|------------------------------|----------------------|---------------------------|------------------------|
| 7           | Jorgenson, Wilhelmina        | 99-1234567           | Hamilton                  | 1027.60                |
| 7           | Jingleheimer-Schmidt, John J | 99-1234567           | Hamilton                  | 924.84                 |
|             |                              |                      |                           |                        |
|             |                              |                      |                           |                        |
|             |                              |                      |                           |                        |
|             |                              |                      |                           |                        |
|             |                              |                      |                           |                        |
|             |                              |                      |                           |                        |
|             |                              |                      |                           |                        |
|             |                              |                      |                           |                        |

|  |         |
|--|---------|
| Original Invoice Amount  | 1952.44 |
| Total Amount Deducted from the Invoice                                     | 1952.44 |
| Amount Processed for Payment (Original Invoice Amount less Total Deducted) | 1952.44 |

**If you have any questions, please contact:**DOR Account Tech Name:  
Penny WisePhone Number:  
213-736-3904Date:  
01/15/2008Distribution:  DOR District Office  SEP/WAP Service Provider

**NOTICE:** This is confidential information from the records of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.