AUTHORIZED PLACEMENT PROVIDER

Registered Legal Name:

Mailing Address:

City/State/Zip:

Website Address:

The Sobriety Resource

INVOICE

Contact Name:

Email Address:

Phone Number:

Please provide your organization's primary contact information for the below named scholarship recipient.

SUBMITTED TO:

The Sobriety Resource
info@thesobrietyresource.org

ATTN:

FOR:

Full Name of Scholarship Recipient

Recipient's Internal Reference # (if applicable)

DESCRIPTION OF SERVICES AND DATES RENDERED	AMOUNT DUE
(Ex: Program Fees for Terry White from June 1-30, 2025)	$
TOTAL	**$**

NOTE: Scholarship funding is for program fees only and does not include admission or administrative fees.

TO BE COMPLETED BY AUTHORIZED PLACEMENT PROVIDER REPRESENTATIVE:

MAKE PAYMENT PAYABLE TO:

The undersigned acknowledges that the typed name appearing on this invoice shall constitute a valid and binding signature for all purposes, with the same force and effect as a handwritten signature.

SIGNED:

DATED:

All questions pertaining to this invoice should be directed to:

Name of Billing Contact:

Email Address:

Direct Phone Number:

Form Rev: 12/19/25