



The Otero Corporation Invoice For Residential Services

Month of Service Provided: _____

Provider Name: _____
 Provider Address: _____
 Provider Phone Number: _____

Key:

P: Present (In Home)
B: BURS (Respite - Payment to another trained provider)
H: Hospitalization (No payment for provider)
O: Out of Program (Not present in the home - no payment for provider)
X: Individual no longer in the home

Individual Name: _____ Daily Rate: _____
 Individual Name: _____ Daily Rate: _____
 Individual Name: _____ Daily Rate: _____

Individual Name:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Individual Name: _____ Amount Owed: _____
 Individual Name: _____ Amount Owed: _____
 Individual Name: _____ Amount Owed: _____

BURS Used: _____

Provider Name: _____ Total Amount Owed: _____

BURS Provider Signature: _____ Date: _____
 Provider Signature: _____ Date: _____
 Coordinator Signature: _____