

Invoice Requirements

ONE INVOICE PER CLIENT for EACH DISCRETE /UNIQUE SERVICE

Invoices **must include** the following for payment:

- Date
- Addressee: Bureau of Vocational Rehabilitation **OR**
Bureau of Services to the Blind and Visually Impaired
Location:
Southern District- 3016 West Charleston Blvd, Suite# 200, Las Vegas, NV 89102 **OR**
Northern District (including Rural) - 1325 Corporate Blvd, Reno, NV 89502
- Vendor Name
- Vendor Address – as registered with the NV Controller
- Vendor Number – assigned by the NV Controller’s Office
- Non-duplicated Invoice Number
- Invoice Date
- Invoice Amount
- Client Name
- Vocational Rehabilitation’s Client Case Number
- Vocational Rehabilitation’s Authorization Number
- Date(s) of Service
- Itemized Description of Service(s)

Invoices fax or email: North 775 688-1139 raisonwdcnorth@nvdetr.org
South 702 486-3144 raisonwdcsouth@nvdetr.org

Original invoices must be presented within 90 days of service. If invoices are received after 90 days following service dates, it may be subject to a 6-month payment delay. **For services authorized between May and June 30th, the invoice must be received no later than July 25th to ensure timely payment, thus avoiding the State’s stale claim process.**

As invoices arrive, the authorizing counselor approves for payment. **ALL reports must be received for treatment or services before an invoice will be approved for payment. Payments only occur when the counselor receives and accepts ALL necessary reports.** This is approximately a 15-business day process from receipt of invoice, counselor approval, and payment issuance.

Please direct all invoice-related questions to the geographical Accounting Unit:
Southern Nevada ([702-486-5239](tel:702-486-5239))
Reno Corporate ([775-823-8119](tel:775-823-8119))
Outreach Offices including Rural Nevada ([775-823-8130](tel:775-823-8130))

The Vocational Rehabilitation Provider Agreement Team
VR-Provider-Agreement@nvdetr.org