Click the circle to select the office address and fax number.

Clear Form

Print

VR CONSUMER RETURN

- Columbus
- Fremont
- Grand Island
- Kearney
- Lincoln
- Norfolk
- North Platte
- Omaha
- Omaha West
- Scottbluff
- South Sioux
- State Office

If no other invoice is submitted, this section MUST show an itemized list of the goods/services actually provided and accompanying charges.

PAYMENT to:

Bill To:

VR Consumer Name	Description	Dates	Amount
			$
			$
			$