Provider Invoice

02/2026

Mail or fax the completed invoice to the Nebraska VR office listed in the Bill To section.
If no other invoice is submitted, this section MUST show an itemized list of the goods/services actually provided and accompanying charges.

Choose a Service Office

PAYMENT to: **Bill To:**

Client Name	Description	Dates	Amount
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		Total Amount	$

FULL SIGNATURE REQUIRED of person preparing invoice Date

Nebraska VR Representative Date

Clear Form

Print