



# EMPLOYMENT PROGRAM FOR PERSONS WITH DISABILITIES ADAPTIVE TECHNOLOGY SUMMARY REPORT

NAME OF A.T. SERVICE PROVIDER		EPPD CONTRACT MANAGER	
CONTACT NAME		TELEPHONE NUMBER	CONTRACT NUMBER
INVOICE DATE (YYYY MMM DD)		INVOICE PERIOD START DATE	INVOICE PERIOD END DATE
		INVOICE NUMBER	

SERVICE CATEGORY	GOODS & SERVICE FEE DESCRIPTION	TOTAL COST
PLANNING	COMMENCEMENT OF A.T. DISABILITY SUPPORTS	
FOLLOW-UP	ANNUAL FOLLOW-UP FEE	
	FINAL CLOSURE	
<b>TOTAL</b>		

**APPROVED BY**

A.T. SERVICE PROVIDER SIGNING AUTHORITY NAME		SIGNATURE
TITLE	TELEPHONE NUMBER	E-MAIL ADDRESS