



VOCATIONAL REHABILITATION SERVICES EXTERNAL PROVIDER INVOICE — GENERIC

This invoice must be submitted within 90 days of the date of service. **All fields with * are required for payment to be processed.** Failure to provide this information may result in processing delays or in non-payment. All other fields to be completed (if possible). Incomplete invoices may be returned for resubmission.

PAYMENT SERVICES
Phone 604 276-3085
Toll-free 1 888 422-2228

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
Payment Services, WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Invoice number	Invoice date* (yyyy-mm-dd)	Contract ID (if applicable)
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Payment information

Payee name	Payee number*	GST registration number*	
Mailing address for payment	City	Province	Postal code*
Telephone number (include area code)	Fax number (include area code)		

Service recipient information (worker or other person who received service)

Service recipient last name*	Service recipient first name*
Service recipient date of birth (yyyy-mm-dd)	WorkSafeBC claim number*

Service information

Date of service* (yyyy-mm-dd)	Fee code*	Description*	Number of units*	Cost per unit*	Line item amount* (not including taxes)	GST (if charged)	PST (if charged)	Line item total* (including taxes)
Invoice total*								

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.