



# BILLING FOR READER SERVICE

For the Period \_\_\_\_\_ to \_\_\_\_\_

Eligible Individual's Name (Print or Type)

Partial  Final

Authorization Number

Day of Month	Hours Read
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
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23	
24	
25	
26	
27	
28	
29	
30	
31	

Reader Name (Print or Type)

Social Security No.

Address

City State

Zip Code

Hours Read \_\_\_\_\_ at \$ \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_ FICA: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_

I, the Reader, hereby certify the above reader service bill is true and accurate.

Signature of Reader Date

I, the Eligible Individual, hereby certify the above Reader service bill is true and accurate.

Signature of Eligible Individual Date

Counselor Initials and Date

Original and Copy to Controller's Office, Copy to Counselor and Copy to Individual.  
 Controller's Office Mails Copy to Reader with Check.