

**KENTUCKY OFFICE OF VOCATIONAL REHABILITATION  
AUTHORIZATION FOR GOODS AND/OR SERVICES**

State Tax Exempt Number ST37-023

Authorization Number  
Budget Unit

**FOR:**  
**ACCT. #:**

*NOTE TO VENDOR: Do not bill the above consumer. Use delivery address for goods that require shipping or delivery. If you do not agree with the terms of this authorization or have any questions, please contact the counselor at the billing address below.*

**VENDOR NAME & ADDRESS**

**BILLING ADDRESS**

**THIS AGENCY IS AUTHORIZED TO PAY FOR:**

Units/Quan. x Unit Amt. = Authorized Amt

=

**GRAND TOTAL**

**Delivery Address:**

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*This authorization is null and void, if this service is not provided during the period        to        .*

*NOTE TO VENDOR: When the above goods and/or services have been provided, please submit an itemized invoice/bill to the billing address. (Vendors whose service requires a written report must deliver the report before service is considered complete.)*

Authorization Number        for the Amount of

\_\_\_\_\_  
Counselor's Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Manager's Authorizing Signature

\_\_\_\_\_  
Date