State of Illinois
Department of Human Services - Division of Rehabilitation Services

Group Billing Sheet

Vendor Number (FEIN/SSN) _____

Vendor or Payee Name _____

Page _____ of _____

Vendor or Payee Street Address _____

Contract Number _____

City State Zip _____

DRS Vendor Code _____

Name of Customer	Customer ID Number	Customer Soc. Sec. Number	Stat.	Dist.	Date		Type Service	Services Desc.	Unit	Amount Billed
					From	To				
								Page Totals		

Vendor Signature _____ Date _____

DRS Supervisor's Signature _____ Date _____

DRS Program Advisor's Signature _____ Date _____

Show total amount of Payment on last page only

DIST: Provider, Liaison Cslr, Prog. Advr, CO; Case Mgt Agency

IL488-1200 (N -4-11)