



Texas Workforce Commission
Vocational Rehabilitation Services
Reduced Payment Agreement

Customer's name:

Case ID number:

Services to be delivered:

Under the provisions of Contract number _____ Section III.A., and as authorized representatives of _____ and the Texas Workforce Commission, Vocational Rehabilitation Services respectively, we agree to an amount of \$_____ as payment in full for all services described above.

Hospital representative name and title:

Date:

Hospital representative's signature:

X

VR representative name and title:

Date:

VR representative's signature:

X