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| **Texas Workforce Solutions logo** | **Texas Workforce Commission****Vocational Rehabilitation Services****Vendor Invoice Additional Data Request**  |
| **Instructions:** * Complete all items in Transaction Data, Vendor Information, and TWS Contact Information sections
* Complete and/or select each incomplete or inaccurate item on the invoice in Missing or Incomplete Data section
* Attach the original documentation to this form and return it to the vendor
 |
| **Transaction Data**  |
| Customer’s name:       | VRS Case ID:       |
| Service authorization number:       |
| Invoice received date (mm/dd/yy):       | Additional data requested (mm/dd/yy):       |
| **Vendor Information**  |
| Vendor’s name:       | Invoice number:       |
| Fax number: (   )       | Email address:       |
| **Missing or Incomplete Data**  |
| TWC-TWS received the invoice referred to above from your organization. This invoice was either incomplete or inaccurate.  In accordance with State Comptroller requirements, the invoice and supporting documentation must be complete and accurate for payment authorization.   TWC-TWS recognizes the importance of your participation in the consumer service delivery process  and will process your payment upon receipt of the completed and revised documentation listed below.   |
| [ ]  | Vendor’s complete name and address |
| [ ]  | Texas Identification Number (TIN—the 14-digit Comptroller-assigned vendor number) |
| [ ]  | Vendor’s contact name and telephone number |
| [ ]  | Service authorization (purchase order) number |
| [ ]  | TWC contract number (if applicable)  |
| [ ]  | TWS-VRS delivery address |
| [ ]  | Description of the goods or services provided |
| [ ]  | Date(s) of service |
| [ ]  | Quantity or quantities, not to exceed the amount documented on the service authorization |
| [ ]  | Unit cost per service or item, not to exceed the amount documented on the service authorization |
| [ ]  | Invoice/report submitted using unencrypted email |
| [ ]  | Other information supporting and explaining the payment requested (for example, incomplete or inaccurate reports or forms, or  documentation with missing signatures) as described below:      |
| **TWS Contact Information**  |
| If you have questions about this request, contact: |
| Name:       | Phone number:(   )       | Fax number:(   )       |
| Email address:       |