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| Texas Workforce Solutions logo | **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**       |