

**IROC – Recovery  
INVOICE**

**INVOICE**

RCC: \_\_\_\_\_

Contact: \_\_\_\_\_ email: \_\_\_\_\_

Preferred Payment method: \_\_\_\_\_

IROC – Recovery services provided for month of \_\_\_\_\_, \_\_\_\_\_  
Month Year

Monthly Services Report Attached (Required)

Please Pay: \_\_\_\_\_  
Amount

Date Submitted: \_\_\_\_\_

*Services delivered pursuant to this invoice were delivered by a person trained as a Recovery Coach and who has passed the criminal background check and received a waiver, if needed.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_