

**PLAN of Massachusetts and Rhode Island, Inc.**  
Statement of Service

Service Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Service Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Beneficiary Name: \_\_\_\_\_

**\*\*NOTE: A Service Agreement must be submitted to PLAN and approved by the assigned Service Coordinator and a W-9 must be on file before any payment for service will be made.**

Date	Service Description	Hours Worked	Hourly Rate	Total
			<b>Grand Total</b>	\$

**I hereby verify and attest that I have performed all duties and services as detailed on this statement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please forward statement to:** PLAN of Massachusetts and Rhode Island  
1340 Centre Street, Suite 102  
Newton Centre, MA 02459  
617-795-0589 (fax)