OMB Number: 2900-0188
Estimated Burden: 4 minutes
Expiration Date: xx/xx/xxxx

Department of Veterans Affairs

PROSTHETIC SERVICE CARD INVOICE

VENDOR'S INVOICE NUMBER

This information is collected in accordance with section 3507 of the **Paperwork Reduction Act of 1995.** Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all providers who must complete this form will average 4 minutes. This includes the time to read instructions, gather the necessary facts and fill out the form. The purpose of this form is to provide a means of billing for repairs authorized by VA Form 10-2501. Although you must submit a bill to receive reimbursement, return of this form is voluntary. Failure to respond will have no adverse effect on benefits to which you might otherwise be entitled.

TO	VETERANS AFFAIRS	VETERAN'S NAME (Last, first, middle initial) *(mandatory)*	CLAIM NUMBER C-
FROM	NAME AND ADDRESS OF FIRM OR DEALER	VETERAN'S ADDRESS	SOCIAL SECURITY NUMBER (This is a mandatory field.)

REPAIR DATA

INSTRUCTIONS - Itemize separately actual amount and charges for material and parts used in rendering repairs, GIVING COMPLETE DESCRIPTION (DIMENSIONS, ETC.) OF MATERIAL USED AND/OR SPECIFIC ITEM REPAIRED. Labor charges will not be included in cost of material or parts, and are to be listed separately. Indicate in the spaces provided hereon the name, type, and age of the appliance repaired.

NOTE: Payment will be deferred until these instructions are followed.

DATE	REPAIR DESCRIPTION	CHARGES
(mm/dd/yyyy)		
(mm/dd/yyyy)		
(mm/dd/yyyy)		
(mm/dd/yyyy)		
(mm/dd/yyyy)		
(mm/dd/yyyy)		
(mm/dd/yyyy)		
(mm/dd/yyyy)		
(mm/dd/yyyy)		

HYDRAULIC UNIT DESCRIPTION

REPLACEMENT HYDRAULIC UNIT SERIAL NUMBER	DATE INSTALLED *(mm/dd/yyyy)*	MALFUNCTIONING HYDRAULIC UNIT SERIAL NUMBER

TERMS: NET _____ DAYS _____ % _____ DAYS **TOTAL CHARGES** $

NAME OF APPLIANCE MANUFACTURER

TYPE OF APPLIANCE | DATE DELIVERED

WARNING - Any abuse of this system by the vendor through excessive charges for repairs or by the veteran in aiding or abetting such irregular activities may result in discontinuation of the program and invocation of criminal statutes for frauds against the Government.

CERTIFICATION OF VETERAN

▶ I certify that this invoice has been completed to show total charges; that charges seem proper for work done; that these repairs were necessary and satisfactory

SIGNATURE OF VETERAN ***(DO NOT SIGN A BLANK FORM)*** | DATE *(mm/dd/yyyy)*

ADMINISTRATIVE CERTIFICATION

VA FORM 10-2501 IS OF RECORD IN THIS CASE. PAYMENT AS CLAIMED IS RECOMMENDED, WITH THE FOLLOWING EXCEPTIONS:

☐ None ☐ See Reverse

SIGNATURE AND TITLE | DATE *(mm/dd/yyyy)*

VOUCHER AUDIT BLOCK

APPROVED FOR	ACCOUNT SYMBOL	VOUCHER AUDITOR	DATE *(mm/dd/yyyy)*