



Plan Room And Board Cost Encumbrance

Original Revised Modified Early Termination

This form contains auto calculations

Date	Worker Name	Claim #
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Billing Codes					
Vendor Name					
Provider #					
Dates of Service	From	From	From	From	
	To	To	To	To	
Board - R0360 (Food & Utilities)					\$ 0.00
Housing - R0370 (Rent & Furniture)					\$ 0.00
Relocation - 0375R (1 time per claim)					\$ 0.00
Sub Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
Page 1 Total					\$ 0.00

- Please attach an approved copy of this form to the Statement for Retraining and Job Modification Services form when submitting bills.
- Per diem for housing, R0370, is calculated for the county in which the training site is located.
- When billing includes refundable cleaning fees and/or start-up fees, the vendor(s) is reminded that any/all of the refund is to be returned to the Department of Labor and Industries. Vendor: Please include a copy of this approved form with your refund.
- Room and Board can be paid up to 29 days before the plan start date.

Refund Mailing Address only:

State Fund Claims
 Attn: Cashiers Office
 Department of Labor and Industries
 PO Box 44835
 Olympia WA 98504-4835

Self-Insured Claims (to be provided by the insurer)

Vocational Provider		
Assigned VRC Name	Signature	
Firm Provider #	Branch #	VRC #
VRC Phone #	VRC Fax #	

Department Use Only

VSS Signature _____ Date _____
 Approved Not Approved



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Vendor Name					
Provider #					
Dates of Service	From	From	From	From	
	To	To	To	To	
Board - R0360 (Food & Utilities)					\$ 0.00
Housing - R0370 (Rent & Furniture)					\$ 0.00
Relocation - 0375R (1 time in life of claim)					\$ 0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

Page 2 Total \$ 0.00
Plan Grand Total \$0.00

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Vocational Provider			
Assigned VRC	_____	Signature	_____
Firm Provider #	_____	Branch #	_____
VRC Phone #	_____	VRC Fax #	_____
		VRC#	_____

Department Use Only

VSS Signature _____ Date _____
 Approved Not Approved