

CAP Invoice Form



MAIL THIS INVOICE TO:
CONSUMER ASSISTANCE PROGRAM
10949 North Mather Blvd
Rancho Cordova, California 95670
ATTN: INVOICE UNIT



Toll Free Phone (866) 361-3933

ARD								
Name								
Address				Stations Billing Invoice #	Labor Rate	For CAP Use Only		
City, St, zip						*Approved By:		
PH #				CAP Agreement/Vendor #	Tax Rate	Date:		
FAX # or E-Mail Address								
Repair Form #	CAP ID Number	Repair Order Date	Vehicle License Number	Labor	Parts	Sales Tax	(-) Consumer Paid	Total CAP Reimbursement
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Claimant Signature				For Accounting Use Only		1313/418.11/58216	Grand Total	\$ -
Printed Name				Date				

EXAMPLE

***Approval of this invoice is hereby given for services rendered in conformance with Section 44062.1 of the Health & Safety Code, by a "STAR" station certified per Section 44014.2 of the Health & Safety Code.**