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| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Reduced Payment Agreement** | |
| Customer’s name: | | Case ID number: |
| Services to be delivered: | | |
| Under the provisions of Contract number       Section III.A., and as authorized representatives of       and the Texas Workforce Commission, Vocational Rehabilitation Services respectively, we agree to an amount of $      as payment in full for all services described above. | | |
| Hospital representative name and title: | | Date: |
| Hospital representative’s signature:  **X** | | |
| VR representative name and title: | | Date: |
| VR representative’s signature:  **X** | | |