

# DORS Invoice and Report Portal: A “How to Use” Guide for DORS Vendors – Deaf & Hard of Hearing Unit

## Page 1

The first page of the portal provides instructions and guidance on using the portal. Click “**Next**” to progress through the portal.

## Page 2

Drop down list: Select the first letter of the vendor name. Select the **vendor name**.

## Page 3

Leave it blank if the vendor name was on the list. If the vendor name is **NOT** on the drop down list, type your **vendor name** into the provided space.

## Page 4

Blank. Click **NEXT**.

## Page 5

1. Your name.
2. Your email address.
3. Additional email addresses (if desired).
4. Consumer’s first name [can be found on the Authorization for Purchase. Outlined in purple in the Sample Authorization below].
5. Consumer’s last name [outlined in purple in the Sample Authorization below].
6. DORS Counselor name [outlined in red in the Sample Authorization below].
7. Select whether you are sending an invoice and report, just a report, or just an invoice.
8. Authorization Number [outlined in green in the Sample Authorization below].
9. Case Number [outlined in pink in the Sample Authorization below].

### SAMPLE Authorization

Maryland State Department of Education  
\*\*\*CONFIDENTIAL FOR AGENCY USE ONLY\*\*\*  
Division of Rehabilitation Services  
**AUTHORIZATION FOR PURCHASE**

<small>Bill to the Attention Of</small> <b>Division of Rehabilitation Services</b> [Redacted] 1890 North Market Street Suite 300 Frederick, MD 21701 Phone (410) 554-9360 Fax (410) 554-9339	<table border="1"><tr><td>Authorization Number</td><td>[Green Box]</td></tr><tr><td>Vendor Number</td><td>[Orange Box]</td></tr><tr><td>Payment Type</td><td>Warrant</td></tr></table> <p>Ship To <b>Division of Rehabilitation Services</b></p>	Authorization Number	[Green Box]	Vendor Number	[Orange Box]	Payment Type	Warrant
Authorization Number	[Green Box]						
Vendor Number	[Orange Box]						
Payment Type	Warrant						
[Orange Box] S Vendor Phone (410) 519-9102							
<b>1. Participant Information</b>	<b>AUTHORIZATION DATES</b>						
Name [Purple Box]	Case Number [Pink Box] Begin 10/15/2020						
PID [Blue Box]	Caseload End 06/30/2021						

10. DORS Office Location (required): Select “Deaf and Hard of Hearing Unit.”

The screenshot shows a web form with the following elements:

- A section titled "Full or Partial Invoice? \*" with two radio button options:
  - Full - Invoice of full amount of Authorization
  - Partial - Invoice for partial amount of Authorization
- A section titled "10. DORS Office Location \*" with the instruction "Select from the drop-down list the DORS Location this invoice/report should go to?". Below this is a dropdown menu with "Deaf and Hard of Hearing Unit" selected.
- Two blue buttons labeled "Back" and "Next" are positioned to the right of the dropdown.
- A progress bar at the bottom right shows "27%" completion.

**Page 6**

Verification page. Verify both the information you have typed and the selected DORS office location are correct.

**Page 7**

Security Question page. You are asked what type of service DORS provides. The answer is “**vocational rehabilitation.**” Type this in all lower-case letters.

**Page 8**

If you answer the security question correctly, you will see this page and it should say “**Correct.**”  
**NOTE:** If you answer incorrectly, you will be taken back to the beginning of the survey, and all the information entered will be lost.

**Page 9**

Files upload page. Select which files to upload. Add any comments to the person processing the documents.

**Page 10**

Confirmation page, with the option to download and print all the information entered into the portal. Clicking “**NEXT**” submits the documents and message.

**Page 11**

“Thank You” page. Either close the tab or click the link to enter another invoice and report.

If there are comments, feedback or issues, please click the [dors.portalfeedback@maryland.gov](mailto:dors.portalfeedback@maryland.gov) email address to send a message.