

ASSIGNED COUNSEL REIMBURSEMENT INVOICE

Public Defender's Office / Indigent Defense Services

Attorney Name / Firm
Address
Tax ID / SSN
Invoice Number
Date of Submission
Vendor Number

Case Information
Client Name
Case/Docket Number
Charge/Offense
Disposition Date

Professional Services Rendered

Date	Description of Service (In-Court / Out-of-Court)	Hours	Rate	Total
Total Service Fees:				

Expenses & Disbursements (Mileage, Printing, Experts)

Date	Description of Expense	Quantity	Cost	Total

Date	Description of Expense	Quantity	Cost	Total
Total Expenses:				

GRAND TOTAL CLAIM: \$ _____

I hereby certify that the above services were rendered and expenses incurred in the representation of the named indigent defendant pursuant to court appointment.

Attorney Signature

Date

FOR OFFICE USE ONLY

Approved By: _____

Date: _____