



**STATE OF CONNECTICUT
COMMISSION ON CHILD PROTECTION**

SERVICES/REIMBURSEMENT INVOICE

DOCUMENT DATE	INVOICE AMOUNT	SOCIAL SECURITY NUMBER
	\$0.00	

VENDOR INFORMATION			
NAME:			TELEPHONE NUMBER
ADDRESS:			FAX NUMBER
CITY:	STATE: CT	ZIP:	

CASE INFORMATION

COURT TYPE (JD/JUV)	COURT LOCATION
▼	▼
IF SUBPEONA NAME OF PERSON SERVED:	CASE NAME:
ATTORNEY'S NAME WHO MADE THE REQUEST	DOCKET#
NAME/TYPE OF DOCUMENT SERVED	

MILEAGE RECORD

FROM:	TO:	TOTAL MILES	RATE	AMOUNT
		0	\$0.485	\$0.00
			\$0.485	\$0.00
			\$0.485	\$0.00
			\$0.485	\$0.00
			\$0.485	\$0.00
			\$0.485	\$0.00
			TOTAL MILEAGE	\$0.00

OTHER FEES

DESCRIPTION OF FEE	QUANTITY	UNIT PRICE	AMOUNT
SERVICE	0	\$30.00	\$0.00
2ND AND SUBSEQUENT SERVICES - DIFFERENT ADDRESS		\$30.00	\$0.00
2ND AND SUBSEQUENT SERVICES - SAME ADDRESS		\$10.00	\$0.00
SERVICE NOTIFICATION TO ATTORNEY GENERAL'S OFFICE		\$10.00	\$0.00
COPY FEES		\$1.00	\$0.00
ENDORSEMENT FEES		\$0.40	\$0.00
PRINTING CHARGES			
FLIGHT			
HOTEL			
RENTAL CAR			
OTHER PLEASE LIST			
			TOTAL FEES
			\$0.00

CERTIFICATION

I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THE EXPENSES INCURRED AS STATED WERE NECESSARY AND PROPER, AND THAT THE AMOUNTS CLAIMED ARE THOSE ALLOWED BY STATUTE

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SIGNATURE/SYMBOL

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DATE