

eInvoice Adult

Date Submitted:

<i>Payee:</i>		<i>Vendor Number:</i>		<i>E-mail Address:</i>	
<i>Invoice Number:</i>		<i>Attorney Office Phone Number:</i>		<i>Attorney Cell Phone Number:</i>	
<i>Client Name: (Last Name, First Name)</i>			<i>Case Number:</i>		
<i>Case Type:</i>		<i>Primary Charge:</i>			
<i>Date of Appointment:</i>		<i>Invoice Start Date:</i>		<i>Invoice End Date:</i>	
<i>Service Provided:</i>			<i>Hours Billed:</i>	<i>Services Total:</i>	
<i>Other Expenses Description:</i>				<i>Other Expenses Total:</i>	
				<i>Invoice Total:</i>	

OCC Administration Only

<i>Purchase Order #:</i>	<i>Fund:</i>	<i>Agency:</i>	<i>Low Org.:</i>	<i>Activity:</i>	<i>Object:</i>	<i>Sub Obj.:</i>	<i>Reporting Cat.</i>
<i>Alternate Invoice #:</i>				<i>Payment Memo:</i>		<i>Approved Total:</i>	
<i>Accounting Specialist Comments:</i>				<i>Accounting Specialist:</i>			

<i>Approval Comments:</i>		<i>Approving Authority:</i>	