eInvoice Adult

Date Submitted:	

Payee:	Vendor Number:	E-mail Address:
Invoice Number:	**Attorney Office Phone Number:**	**Attorney Cell Phone Number:**

Client Name: (Last Name, First Name)	Case Number:

Case Type:	Primary Charge:

Date of Appointment:	Invoice Start Date:	Invoice End Date:

Service Provided:	Hours Billed:	Services Total:

Other Expenses Description:	Other Expenses Total:

	Invoice Total:	

Submit Adult eInvoice

OCC Administration Only

Purchase Order #:	Fund:	Agency:	Low Org.:	Activity:	Object:	Sub Obj.:	Reporting Cat.

Alternate Invoice #:	Payment Memo:	Approved Total:

Accounting Specialist Comments:	Accounting Specialist:

Approval Comments:	Approving Authority: