

SESV INVOICE



Provider Name : _____
 Address: _____
 City, State, Zip : _____
 Work Phone : _____
 Fax: _____
 E-mail: _____

Date : _____

To : **Kathy Spurgin**
 Administrative Office of the Courts
 237 Don Gaspar, Room 25
 Santa Fe, New Mexico 87501

Re : **SAFE EXCHANGE AND SUPERVISED VISITATION SERVICES**

PROVIDED SERVICES FOR: Indicate Judicial District Court Number and County or Counties Served:

Judicial District

County or Counties Served

CONTRACT NUMBER: 2013- _____

Professional services rendered for providing Safe Exchange and Supervised Visitation services from (Start Date) _____ through (End Date) _____:

Number of Supervised Visits _____

Number of Visit Hours _____

Number of Safe Exchanges _____

Number of Exchange Hours _____

Number of Cases that were **not** Domestic Matters/Domestic Violence Cases _____

PLEASE ATTACH MONTHLY COMBINED-SERVICES REPORT!

Total Amount Due : _____

Original Signature of Provider

This box for AOC Use Only!

Exchange & Visitation Amount: \$ _____ P.O. # _____

Administrative Amount: \$ _____

Less 15% reduction: \$ _____

Reason: _____

Total Amount Due this Invoice: \$ _____

_____ OK to Pay-Partial Contract No. 2013- _____

Signature: _____