

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 Number & County/Counties Served)*

Judicial District

County or Counties

CONTRACT NUMBER: 2015-_____

Professional services rendered for providing Safe Exchange & Supervised Visitation services from _____
(Start Date) through _____ *(End Date):*
(Insert Appropriate Month/Year of Service)

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!

Professional Services Amount: \$ _____

P.O. # _____

Administrative Amount: \$ _____

Less 15% Reduction: \$ _____

Reason: _____

Total Amount due this Invoice: \$ _____

Contract # 2015-_____

OK to Pay-Partial: _____ *(Signature/Date)*