

Kent County Indigent Defense Administration Office KENT COUNTY ADMINISTRATION BUILDING

300 MONROE AVE. NW GRAND RAPIDS, MICHIGAN 49503-2751 PHONE: (616) 632-7587 EMAIL: indigent-defense@kentcountymi.gov

REQUEST FOR INVOICE PAYMENT / REIMBURSEMENT

Please complete this form and attach it to any indigent defense-related invoice you wish the County to pay or for which your law office seeks reimbursement.

Attorney / Firm:	
Court: _	Case Number:
Defenda	nt:
Billing E	ntity:
Plea	ase pay the entity billing your firm. – OR
Plea	ase reimburse my firm for this invoice.
By signin	ng below, you attest to the following:
T1T1T1T1	hat you or your firm have received authorization to incur this expense regarding the above case hat the services or materials appearing on the invoice were received hat the services or materials appearing on the invoice were in line with your expectations hat the billing is appropriate hat if you are seeking reimbursement you or your firm has paid the invoice hat you are authorized to make this attestation
Date:	

Signature