



## Kent County Office of the Public Defender

250 Monroe Ave NW Suite 800  
Grand Rapids, MI 49503  
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: \_\_\_\_\_

Defendant: \_\_\_\_\_

Please pay the entity billing your firm. – OR --

Please reimburse my firm for this invoice.

By signing below, you attest to the following:

- That you or your firm have received authorization to incur this expense regarding the above case
- That the services or materials appearing on the invoice were received
- That the services or materials appearing on the invoice were in line with your expectations
- That the billing is appropriate
- That if you are seeking reimbursement you or your firm has paid the invoice
- That you are authorized to make this attestation

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature