eInvoice Juvenile

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:
Date of Appointment:	**Hours to Date:**

Service Provided	Hrs./Units Billed:	Services Total:

Other Expenses Description:	Other Expenses Total:

	Invoice Total:	

Submit Juvenile 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:	To Director
		To Manager

Approval Comments:	Approving Authority:

Director Appv'd | Director Denied | Manager Appv'd | Manager Denied