

**STATE OF CONNECTICUT**

Probate Court Administration

**Invoice for Marshal Services**

Payee Information

State of CT Vendor Number: \_\_\_\_\_

Marshal's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

INVOICE No.

INVOICE DATE

INVOICE AMOUNT

Case Number:

Case Name:

Name of Person(s) Served:

Name/Type of Document(s) Served:

**MILEAGE RECORD**

FROM: (Street address, City/Town)	TO: (Street address, City/Town)	# MILES	\$ RATE	AMOUNT
TOTAL MILEAGE				

**\*\* Please attach a copy of Citation and Return \*\***

**FEES**

DESCRIPTION OF FEES	QUANTITY	UNIT PRICE	AMOUNT
Service			
2 <sup>nd</sup> and subsequent service-DIFFERENT address			
2 <sup>nd</sup> and subsequent service-SAME address			
Service notification to Attorney General's Office			
Copy Fees			
Endorsement Fees			
TOTAL FEES			
TOTAL MILEAGE AND FEES			

**CERTIFICATION:**

*I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED, THE EXPENSES INCURRED AS STATED WERE NECESSARY AND PROPER, AND THAT THE AMOUNTS CLAIMED ARE THOSE ALLOWED BY STATUTE.*

-----  
Marshal's Signature

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Telephone No.

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Date

**FOR ADMINISTRATIVE USE**

**VOUCHER #**