

STATE OF CONNECTICUT

Probate Court Administration

Invoice for Marshal ServicesPayee 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 nd and subsequent service-DIFFERENT address			
2 nd 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-----
Telephone No.-----
Date**FOR ADMINISTRATIVE USE**

VOUCHER #