

STATE OF CONNECTICUT

Probate Court Administration

Invoice for Marshal Services

Payee Information

INVOICE No.

State of CT Vendor Number: _____

INVOICE DATE

Marshal's Name _____

INVOICE AMOUNT \$

Address _____

Address _____

City _____ St _____ Zip _____

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				

FEEES			
DESCRIPTION OF FEES	QUANTITY	UNIT PRICE	AMOUNT
Service		\$50.00	
2 nd and subsequent service-DIFFERENT address		\$50.00	
2 nd and subsequent service-SAME address		\$20.00	
Service notification to Attorney General's Office		\$20.00	
Copy Fees		\$ 1.00	
Endorsement Fees		\$ 0.50	
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 #