

**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				

FEES			
DESCRIPTION OF FEES	QUANTITY	UNIT PRICE	AMOUNT
Service		\$50.00	
2 <sup>nd</sup> and subsequent service-DIFFERENT address		\$50.00	
2 <sup>nd</sup> 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.*

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Marshal's Signature Telephone No. Date

<b>FOR ADMINISTRATIVE USE</b>	<b>VOUCHER #</b>