

DEPENDENCY REPRESENTATION - APPENDIX F - STANDARD INVOICE

RFP CONTRACTOR NAME
RFP CONTRACTOR ADDRESS
RFP CONTRACTOR CITY, STATE ZIP
FED ID #:

Invoice Number:	DEP-MMYYYY
Invoice Date:	mm/dd/yyyy

BILL TO:

<p>Humboldt Superior Court 825 Fifth Street, Room 224 Eureka, CA 95501</p>

<i>Please remit to :</i>

Item Description	Month	Amount
Humboldt Dependency Representation Per RFP Number: 2010-02	MMM	
<i># of Hours</i>		
JV 300 CASES WORKED		
Fathers Represented _____		
Mothers Represented _____		
Minors Represented _____		
ICWA Cases Worked - Adults _____		
ICWA Cases Worked - Minors _____		
<i># of Clients</i>		
JV 300 CLIENTS AT MONTH END		
Fathers Represented _____		
Mothers Represented _____		
Minors Represented _____		
ICWA CLIENTS AT MONTH END		
Adults Represented _____		
Minors Represented _____		
Extraordinary Expenses (Please Attach Expense Claim)		
Total Invoice for the Month		
Notes:		