SESV INVOICE

Safe Exchange & Supervised Visitation
New Mexico Administrative Office of the Courts

Provider Name
Address
City, State, Zip
Work Phone
Fax
E-mail

To: Kristen Frueh, Statewide Program Manager
Administrative Office of the Courts
237 Don Gaspar, Room 25
Santa Fe, New Mexico 87501

Re: Safe Exchange and Supervised Visitation Services

PROVIDED SERVICES FOR: (Indicate Judicial District Number & County/Counties Served)

Judicial District First **County or Counties**

CONTRACT NUMBER: 2017-

Professional services rendered for providing Safe Exchange & Supervised Visitation services from (Start Date) through September 1, 2016 (End Date): September 30, 2016
(PLEASE INSERT APPROPRIATE MONTH/YEAR OF SERVICE)

Number of Supervised Visits
Number of Safe Exchanges
Number of Visit Hours
Number of Exchange Hours
Number of Cases that were not Domestic Matters/Domestic Violence Cases

***PLEASE ATTACH MONTHLY COMBINED-SERVICES REPORT!**

Total Amount Due: $

_____
(Original Signature of Provider)

_____
(Date)

This box for AOC Use Only!

Professional Services Amount: $_____ P.O. # _____

Administrative Amount: $_____

Less 15% Reduction: $_____

Reason:_____

Total Amount due this Invoice: $_____ Contract # 2016-_____

OK to Pay-Partial: _____ *(Signature/Date)*