

SESV INVOICE



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	County or Counties
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CONTRACT NUMBER: 2017-

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

Number of Supervised Visits	Number of Visit Hours
Number of Safe Exchanges	Number of Exchange Hours
Number of Cases that were <u>not</u> 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 # 2017- _____
OK to Pay-Partial: _____ (Signature/Date)