eInvoice Mitigation

Date Submitted:	

Payee:	Vendor Number:	E-mail Address:
Invoice Number:	**Vendor Office Phone Number:**	**Vendor Cell Phone Number:**

Client Name: (Last Name, First Name)	Case Number:

Lead Counsel:	Does Counsel approve this invoice?

Date of Appointment:	Hours to Date:	Billing Cycle:

Description of Service:	Hours Billed:	Hourly Fee Total:

Other Expenses Description:	Other Expenses Total:

	Invoice Total:	

Submit Adult eInvoice

OCC Administration Only

Purchase Order #:	Fund:	Agency:	Low Org.:	Activity:	Object:	Sub Obj.:	Reporting Cat.

Alternate Invoice #:	Payment Memo:	Approved Total:

Accounting Specialist Comments:	Accounting Specialist:	To Director
		To Manager

Approval Comments:	Approving Authority:

Director Appv'd | Director Denied | Manager Appv'd | Manager Denied