

**INVESTIGATOR REQUEST FOR PAYMENT
REGIONAL MANAGED ASSIGNED COUNSEL OFFICE**

Case Name _____ v _____ Case # _____

District Court _____ Vendor Number * _____

Investigator Name _____ PI License # _____

Mailing Address _____

Phone _____ Email _____

* If Investigator is not currently a vendor, or is unsure of status, contact the Regional Office at 3131-943-3331 or Regional-INV-EXP@dearborn.gov.

Date of Service	Description of Service Provided or Expense	Hours	Rate \$75/hour For Travel- \$37.50/hour	Amount
TOTALS				

Case # _____

CERTIFICATION OF HOURS AND WORK PERFORMED**

By signing below, the Investigator and Assigned Counsel certify that the services described above were rendered, and that none of them has been previously paid or invoiced.

Investigator Signature

Date _____

Defense Attorney Signature/P-number
**** Attorney Certification pursuant to MCR 2.114**

Date _____

TO BE COMPLETED BY REGIONAL MAC OFFICE

Payment for Investigator Services

<input type="checkbox"/>	APPROVED	TOTAL OF	\$ _____
<input type="checkbox"/>	DENIED		

Administrator/Date

Payment for Investigator Services

Requisition submitted to Finance Department
for payment from Account No. 260-1870-419-34-90

Regional MAC Office Administrator / Date