

REGIONAL MANAGED ASSIGNED COUNSEL OFFICE INVESTIGATOR REQUEST FOR PAYMENT

	V	Case	#	
Case Name				
District Court	Attorney Name			
nvestigator Name_		PI L	icense #	
Mailing Address				
Phone	Email			
	For any questions, contact the Regional MAC Office Submit completed forms to Regional-INV-EXP			
Date of Service	Description of Service Provided or Expense	Hours	Rate \$100.00/hour For Travel- \$50.00/hour	Amount
	TOTALS			

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CERTIFICATION** OF HOURS AND WORK PERFORMED

		Date
Investigator Signature		
		Date
Defense Attorney Signature/P- ** Attorney Certification pursua		
TO BE COMPLETED BY REGIO	NAL MAC OFFICE	
Payment for Investigator Service	ces	
APPROVED	TOTAL OF	\$
DENIED		
		Administrator/Date
Payment for Investigator Service	ces	
Do su deitie a cub seitte d'ée	Finance Deposits and	
Requisition submitted to for payment from Account No.	•	
		Regional MAC Office Administrator / Date

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