



Phone _____ Email _____

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