



RMACO REGIONAL MANAGED ASSIGNED COUNSEL OFFICE

ATTORNEY EXPENSE REIMBURSEMENT REQUEST

Attorney Name _____ P- _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

District Court _____ Client Name _____ Case # _____

Description of Expense(s) for Reimbursement	Amount
GRAND TOTAL	

☐ FIRST SUBMISSION ☐ RESUBMISSION

Please email the completed form, along with receipts to regional-invoices@dearborn.gov

By signing below, you certify that the above items are accurate and that none have been previously paid or invoiced, unless resubmitting with changes.

Attorney Signature

Date of Request

TO BE COMPLETED BY REGIONAL MAC OFFICE – PLEASE DO NOT WRITE BELOW THIS LINE

☐ APPROVED

☐ DENIED

NOTES: _____

Administrator Review / Date