



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.

\_\_\_\_\_  
*Expert Signature*

Date\_\_\_\_\_

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

Date\_\_\_\_\_

**TO BE COMPLETED BY REGIONAL MAC OFFICE**

**Payment for Expert Services**

\_\_\_\_\_

☐ APPROVED TOTAL OF \$\_\_\_\_\_

☐ DENIED

\_\_\_\_\_  
Administrator/Date

**Payment for Expert Services**

\_\_\_\_\_

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

\_\_\_\_\_  
Regional MAC Office Administrator / Date