



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