

INDEPENDENT EVALUATOR INVOICE - MDO

Send Invoice to:

Board of Parole Hearings
PO Box 4036
Sacramento, CA 95812-4036

Attn: Accounting Liaison UnitPrisoner/Parolee Name: _____
(Only one invoice per prisoner/parolee)

CDCR Number: _____

Location: _____

Evaluation Date: _____

Initials	Description of Service Rendered	Reimbursement Rate
_____initials	<input type="checkbox"/> Certification Report	\$750.00
_____initials	<input type="checkbox"/> Annual Report	\$650.00
_____initials	<input type="checkbox"/> Placement Report	\$550.00
Total Billing		

I certify by my initials above that the service was rendered and acknowledge the reimbursement rate represents the maximum compensation which can be received for each type of service. I also certify I am duly licensed to practice and in good standing with the State of California, Department of Consumer Affairs, Board of Psychology.

 Check if this is a change of address

Signature (in blue ink)	Name (print)	Social Security #	
Address (number and street)	City	State	Zip Code

BOARD APPROVAL

Signature	Title	Date
-----------	-------	------