

INDEPENDENT EVALUATOR INVOICE – OMHD

Scan invoice to:
BPHAccountingLiaison@cdcr.ca.gov

If unable to scan, mail to:

Board of Parole Hearings
 P.O. Box 4036
 Sacramento, CA 95812-4036
 Attn: Accounting Liaison Unit

Prisoner/Parolee Name: _____
(Only one invoice per prisoner/parolee)

CDCR Number: _____

Location: _____

Evaluation Date: _____

Initial	Description of Service Rendered	Reimbursement Rate
<i>initials</i>	<input type="checkbox"/> Certification Report	\$750.00
<i>initials</i>	<input type="checkbox"/> Annual Report	\$650.00
<i>initials</i>	<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		Name (print)	
Address (number and street)		City	State
			Zip Code

BOARD APPROVAL

Signature	Title	Date
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