

**PUBLIC DEFENSE PROVIDER'S FEE STATEMENT
FOR ROUTINE EXPENSE REIMBURSEMENT**

1 CASE & APPOINTMENT INFORMATION

County/Court _____ Case Number(s) _____
 Case/Client's Name _____
 Client's name if different from person above _____
 Authorization number for fees _____

2 INVESTIGATOR INFORMATION

Name _____ Tax ID No. _____
 Address _____ Phone No. _____
 _____ Email _____

3 EXPENSE INFORMATION - DESCRIPTION*

	Cost
	\$
	\$
	\$
	\$
	\$
4618 TOTAL	\$

PDSC Use Only PDSC Approved

*Mileage and other travel expenses should be reported with hours and will not be paid from this statement.

I certify that the information above is true. I have not received and will not accept direct or indirect compensation for these items other than as approved by PDSC or authorized by contract.

Date _____ Signature _____

Send completed form and supporting documents to: Accounts Payable
 Office of Public Defense Services
 1175 Court Street NE
 Salem, OR 97301

Original receipts must be submitted. An invoice or copy of a cancelled check is acceptable if a receipt can not be obtained. Reimbursement without specific authorization is limited to routine expenses and records not exceeding \$150 each for murder and aggravated murder cases and \$75 each for all other case types. See section 3.4.4 of the Public Defense Payment Policies and Procedures for details. Policy can be found on OPDS website at www.oregon.gov/OPDS/CBS/PaymentPolicy.