Name:

VC#:

Address:

Phone:

Email:

INVOICE

INVOICE:

DATE:

FOR:

TO:
Committee for Public Counsel Services
75 Federal Street, 6th Fl
Boston, MA 02110

Description	Service Date(s)	Hours	Rate/Hour	Total
Example 1	8/14/24-8/24/24	5	$75.00	$375.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
			TOTAL	$375.00

FOR INTERNAL USE ONLY

Date received at CPCS