



**WASHINGTON STATE  
OFFICE OF PUBLIC DEFENSE**  
Parents Representation Program

**Expert  
Services  
Invoice**

County Code: \_\_\_\_\_

Contractor Information			FOR OPD USE ONLY
Firm Name:	_____		FY16 Contract Information   PRP Manager
Attorney Name:	_____		
Address:	_____		
City:	State: _____	Zip : _____	
Email Address:	_____		

**Payee Information- *Select Only One***

**Reimburse Me Directly** SWV# \_\_\_\_\_  
*Contractor must include proof of payment (i.e. canceled check or receipt)*

**Remit Payment Directly to Expert Service Provider**  
**Expert Provider Name** \_\_\_\_\_ **SWV#** \_\_\_\_\_

**Invoice Detail** - Multiple Invoices may be listed if all payments will be made to the same expert

	Invoice Description(s)	Pre-Approval #	AMOUNT	TPR FILED AFTER 10/1/13	OPD USE
1.				Yes /No	
2.				Yes /No	
3.				Yes /No	
4.				Yes /No	

**TOTAL**

*I certify (or declare) under penalty of perjury under the laws of the state of Washington that the services being billed have been provided to my satisfaction.*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature) (Date)

\_\_\_\_\_  
 (Place of Signing)

**Return form and attachments to:**  
 OPD – Fiscal Department  
 Washington State Office of Public Defense  
 P.O. Box 40957  
 Olympia, WA 98504-0957

**OR Email: [prp-invoices@opd.wa.gov](mailto:prp-invoices@opd.wa.gov)**

**FOR OPD USE ONLY**

**Approval**

By: \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_ | \_\_\_\_\_