

# HEARING OFFICER INVOICE

To: Civil Service Commission  
Attn: Chanda Turnbull  
201 W. Colfax Ave Dept 1208  
Denver, CO 80202

Office Use Only

Invoice No.: CIVIL  
Agency Ref.: \_\_\_\_\_

### 1) Assessor Information:

Name: \_\_\_\_\_ Vendor No. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2) Appeal Case Information:

Appeal No. CSC In re the Matter of \_\_\_\_\_  
Date Appeal Filed \_\_\_\_\_ Date Appeal Closed \_\_\_\_\_

3) Billing Period: From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

### 4) Number of Billable hours (or fractions thereof) spent in each of the following areas:

Administrative/Clerical (including phone calls)..... \_\_\_\_\_  
Conducting Hearing(s) ..... \_\_\_\_\_  
Preparation of Orders/Decisions (including all research) ..... \_\_\_\_\_  
Settlement Negotiations ..... \_\_\_\_\_  
Other (please specify) ..... \_\_\_\_\_  
TOTAL HOURS THIS BILLING PERIOD:..... \_\_\_\_\_

### 5) Cost for Services:

Total Hours: \_\_\_\_\_ X \$44.47 per hour = \$ \_\_\_\_\_

### 6) Reimbursable Expenses:

Postage ..... \$ \_\_\_\_\_  
Copying ..... \$ \_\_\_\_\_  
Other (please specify) ..... \$ \_\_\_\_\_  
TOTAL REIMBURSABLE EXPENSES ..... \$ \_\_\_\_\_

7) TOTAL AMOUNT DUE: (Cost for services + Reimbursable expenses)..... \$ \_\_\_\_\_

8) SIGNATURE: \_\_\_\_\_ 9) DATE: \_\_\_\_\_