Exhibit A

Senior Services

Legal/Public Guardian Invoice

Contractor:

Name:
Address:

Phone Number:

Date:

Invoice #

Service Month/Year:

(L or G) Legal or Guardian	Case Number	Name of Ward	Hours	Rate per hour	Total
				$ 60.00	$
		Guardianship Mileage	Total Miles	Rate per Mile	Total
		Mileage form attached		$ 0.54	$
		TOTAL INVOICE			**$**

Contractor Signature: _____