| COMPANY NAME: | **INVOICE** | |
|---|---|---|
| STREET ADDRESS: | | |
| CITY, STATE, ZIP: | | |
| PHONE: | **(INVOICE NUMBER BELOW MUST BE A UNIQUE NUMBER)** | |
| FAX: | **INVOICE NO:** | |
| E-MAIL: | **DATE:** | |

| **TO:** | **FOR:** |
|---|---|
| Department of Motor Vehicles<br>PO Box 94877<br>Lincoln NE 68509 4877 | **INTERLOCK INDIGENT FUND** |

**CLIENT INFORMATION (CLIENT MUST BE PREVIOUSLY APPROVED):**

| Last, First, MI | Date of Birth | License # | Vehicle Year/Model/VIN: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Client's Last Name: | Type | | Installation / Removal and Date of Service: | | | Total: |
|---|---|---|---|---|---|---|
| | ALR | Court | Installation | Removal | Date | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | **SUBTOTAL** | |

**MAINTAINENCE**:

| Client's Last Name: | Service Period (Dates): | | Monthly Cost | Funds Requested |
|---|---|---|---|---|
| | From | To | | |
| | | | $ | $ |
| | | | $ | $ |
| | | | $ | $ |
| | | | $ | $ |
| | | | $ | $ |
| | | | **SUBTOTAL** | $ |
| | | | **SUBTOTAL FROM ABOVE** | $ |
| | | | **GRAND TOTAL** | $ |

| FOR DEPARTMENT USE ONLY | |
|---|---|
| Approved by: | |
| Date: | |

EFFECTIVE 01/01/2012