

Investigator Copy Log

Case Number _____

In-House Charges for Copies

Date	Description	# of Pages

Total # of Pages _____
 Charge per Page* _____
 Total Reimbursable Amount for In-House \$ _____

Outside Copy Charges**

Date	Vendor	Amount

Total Reimbursable Amount for Outside \$ _____

Total Copy Costs \$ _____

*Original paid receipts must be attached for reimbursement to be processed.
IMPORTANT: This form should be used for reimbursement as allowed by the Indigent Services Committee in the circuit in which you were appointed.