

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 PO Box 94877 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						

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

FOR DEPARTMENT OF MOTOR VEHICLES USE ONLY	
Approved by:	
Date:	