

REQUEST FOR REIMBURSEMENT

EXHIBIT I-A

**MAINE COMMISSION ON INDIGENT LEGAL SERVICES
REQUEST FOR REIMBURSEMENT**

TO: MCILS Revenue & Collections Manager

FROM:

SUBJECT: Authorization for refund(s) (_____) General Fund
(_____) Court Appointed Counsel

DOCKET NUMBER:

EXPLANATION:

<u>PAYEE</u>	<u>MAILING ADDRESS</u>	<u>REFUND AMOUNT</u>
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Signature of Clerk: _____ Date: _____

Mail check(s) to (_____) Address(es) noted above
(_____) This court. The mailing address is:

For Accounting Use Only – Approved for Payment	
	Date: _____
JUSTIN ANDRUS, ESQ. EXECUTIVE DIRECTOR	
010-95F-Z112-01-2024	Amount \$ _____ GAX 95F _____