

FR DMV INVOICE

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

FINANCIAL RESPONSIBILITY

October 1, 2016

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						

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:	