



CONTRACTOR INVOICE FOR PROFESSIONAL SERVICES

CONTRACTOR NAME: _____

FOR PAY PERIOD: _____

American Correctional Solutions
1588 N. Batavia Street, Suite 1, Orange, California 92867
Attn: Sheri Mines Ph#: 714-538-0200 ext. 207 Fax#: 714-441-8141

*Pay schedule is semi monthly from the 1st - 15th and the 16th-end of month. We require invoices to be faxed in with supervisor signature by end of business by the 3rd and by the 18th. If submitting after the cut-off, your payment may be delayed. Pay dates are by the 7th and the 22nd for direct deposit.

Table with 5 columns: Date of Service, Name of Facility, Service Area, Start & Stop Time, Total # of Hours + Min. Worked. The table contains 12 empty rows for data entry.

Total Hours & Min. Worked: _____

Contractor signature

Date: _____

Supervisor signature

Date: _____

**If working on a State approved Holiday, and contract and/or facility permitting, the requirement to be paid time and a half rate (holiday pay), is that you must write "holiday pay" next to the holiday date and your Supervisor must initial next to "holiday pay".