Instructions: Please copy and paste this entire page into your agency letterhead.

Medical Evidentiary Examination Reimbursement Invoice

Submission Date:
Law Enforcement Agency Name:
Payment Address:
Contact Person Name:
Contact Person Phone Number:
Contact Person Email:
Email To: vs_gpu@caloes.ca.gov

Exams for **victims that are undecided**, at the time of an examination, whether to report the assault to law enforcement.

Date of Examination	Case # (Indicate if multiple survivors)	Actual Cost of Exam	Reimbursement Requested (no more than $1,366 per examination)
		Total Requested	$ 0.00

Exams for **victims that have determined**, at the time of an examination, to report the assault to law enforcement. This includes examinations for all children under the age of 12.

Date of Examination	Case # (Indicate if multiple survivors)	Actual Cost of Exam	Reimbursement Requested (no more than $1,690 per examination)
		Total Requested	$ 0.00

Cal OES Use Only - Authority to Pay: Penal Code §13823.95			
Undecided Amount	Undecided Service Location	Decided Amount	Decided Service Location