

Psychological Consulting Services, LLC

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P.C.S. CLINICIAN	DATE	INVOICE #	
Dr. Durand	7/10/2020	19563	

INVOICE

DOCKET #:

COURT NAME:

CASE NAME:

NAC # or ATTORNEY:

DATE	DESCRIPTION	HOURS	RATE	AMOUNT
6/29/2020	Clinical Interview and Testing	2 0.5	250.00	500.00
6/29/2020	Test Scoring and Interpretation	0.5	250.00	125.00

CREDITS APPLIED:	\$0.00	
BALANCE DUE:	\$625.00	

BILL TO:

Donna Joy City Hall 93 Highland Ave. Somerville, MA 02143