

## Name

Do Business As Name:  
 Street Address  
 Address 2  
 City, ST ZIP Code

**Phone:**  
**Fax:**  
**E-mail:**

## INVOICE

**Date:**  
  
**Federal Tax ID:**  
**OR**  
**Social Security Number:**

**Bill To:** TJ Bennett  
 MSDE/DECD/OCC  
 200 W. Baltimore Street  
  
 10th Floor  
 Baltimore MD 21201

**OCC Licensing Regional Office:**

### For fingerprinting reimbursement

Name	Position	Amount	CJIS Tracking #	Receipt Attached
		\$ -		

REMITTANCE			
<b>Total Amount Due:</b>	\$	-	

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Signature \_\_\_\_\_

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Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Updated January 24, 2018 - Previous editions obsolete

