# Invoice for SASSI Reimbursement

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| COMMUNITY CORRECTIONS OR COURT SERVICES AGENCY:       |
| Street Address:      |
| City / State / Zip:       |
| Phone Number:      Fax Number:      Email:       |

|  |  |  |
| --- | --- | --- |
| Invoice Period: |       to(mm/dd/yy) |      (mm/dd/yy) |
| \*Number of SASSI’s administered       x $5.00 / assessment = $       |

Signature of Designee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a copy of each SASSI Summary Form completed during invoice period** and submit this form to the Kansas Sentencing Commission:

* email to SB123payments@ks.gov, or
* by mail to: Kansas Sentencing Commission

 700 SW Jackson, Suite 501

 Topeka, Ks 66603

**\*The total must be greater than $20 to be reimbursed.**