# 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](mailto: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.**