PROBATION & PAROLE
MONTHLY APPROVED TREATMENT REFERRALS LEDGER MONTH _____

DISTRICT _____ LOCATION _____ TEAM SUPERVISOR _____

☐ Indigent Parolee ☐ Other

Vendor / Provider _____ Address _____

City _____ Phone _____

	OFFENDER NAME	DOC#	REFERRAL DATE	APPOINTMENT DATE	TYPE OF SERVICE	VOUCHER #	ESTIMATED COST
1							
2							
3							
4							
5							
6							
7							
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10							
11							
12							
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14							
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16							
17							
18							
19							
20							

DISTRICT SUPERVISOR / DESIGNEE SIGNATURE _____ DATE _____