

Please send completed form to: DOC.RACN.Invoices@state.mn.us

COUNTY OR VENDOR INFORMATION

Name of County

Name of Agent

Pay To: (vendor or county)

Business Address (as it appears in SWIFT)

City

State

Zip

SWIFT Vendor Number

Location # (in SWIFT)

Agent/County Phone:

Agent/County Email

Signature

Date

CLIENT/POLYGRAPH INFORMATION

Client First Name

Middle Init

Last Name

OID

Race/Ethnicity

Total Polygraph Cost

Date of Birth

Client Co-Payment

Polygraph Date

Requested Reimbursement Amount

1st Polygraph (of fiscal year)2nd Polygraph (of fiscal year)

Full Disclosure

The Department of Corrections provides REIMBURSEMENT for two polygraphs per client with a maximum of \$350 per polygraph.

Funding criteria:

- ✓ the offender is under supervision for a sex offense
- ✓ the court has ordered the polygraph as an intermediate sanction under section 609.135
- ✓ the commissioner of corrections has ordered the polygraph as a condition of release under section 244.05 or 609.3455
- ✓ the total fee or a portion has been waived

The amount that will be paid to the vendor for conducting polygraphs will be negotiated with the vendor of the county's choice. Please make sure that the polygraph examiners conducting polygraph testing are qualified for providing these services.

DOC AUTHORIZED PROGRAM PERSONNEL

Date Approved

Amount Approved

Authorized Signature

PO#