

The Commonwealth of Massachusetts **Executive Office of Health and Human Services** Massachusetts Commission for the Deaf and Hard of Hearing

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	PRC DOCUMENT CODE					CT REFERENCE					APPROPRIATION			
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ADDRESS					CITY						STATE ZIP COL		CODE	
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QUANT	177	RATE/F		DESCRIPTION										
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	ADD-ON: Eng-Steno \$10/hr Non-Eng-Steno \$35/hr Projection \$10/hr Output Solo \$25/hr Output Team \$13/hr Legal \$15/hr								 					
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			FEES:	FEES: Preparation \$65 Own Equipment \$130 Other Equipment \$65										
			TRAVEL:	.: Mileage Public Transportation										
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	Vendor Signature - By my signature, I certify that I received service as set forth above								Date					
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Prepare	MARS Er	ntry by:					Title	: :				Date:		
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