



COMMITTEE FOR PUBLIC COUNSEL SERVICES

Vendor V-bill Access Agreement

In consideration of the grant of access to the Committee for Public Counsel Services (CPCS) V-bill System, through my individual password, I am applying for and agree to abide by the terms and conditions of this agreement, as set forth below and as may be amended from time to time by CPCS:

1. The Password assigned to me will be used exclusively by me for CPCS billing for services provided by me, or my CPCS listed employees. I agree that I have appropriate security systems in place to prevent unauthorized access to the V-Bill system and shall be solely responsible for safeguarding the confidentiality of my password and for any unauthorized access that results from a failure to do so. I will notify CPCS immediately of any suspected security breach.
2. I have reviewed chapters I, II, V and VII the CPCS Assigned Counsel Manual, V-Bill Manual, as well as the CPCS Qualifications and Rates for Investigators, Social Service Providers and Expert Witnesses as may be amended from time to time and agree to abide by the policies, terms and conditions contained therein.
3. I agree that by submitting the V-Bill or signing the printed V-bill form, I am attesting under the pains and penalties of perjury that the services were delivered, that all work was performed as billed, and that I maintain contemporaneous time records and case files in accordance with CPCS billing and recordkeeping policy and the Assigned Counsel Manual as amended.
4. I agree to maintain a copy of the V-bill, and all attachments, supporting records, case file documents, contemporaneous time records and all other documentation supporting the services provided for a period of 7 years.
5. I agree to produce any requested documentation to CPCS or billing records to the State Auditor immediately upon request.

In the event that you forget your password, the following information is required to ensure proper identification before CPCS can release your password to you:

Mother's maiden name: _____ Vendor's e-mail address _____

Vendor Signature Date

Print Name Firm/Corporation Name

Please return the completed form to: Committee for Public Counsel Services
44 Bromfield St, Boston, MA 02108