JUSTICE ADMINISTRATIVE COMMISSION
CIRCUIT REVENUE TRANSMITTAL COVERSHEET

Send to: deposits@justiceadmin.org

Circuit: **SA** Date: Page of

(EXAMPLE: SA01, SA02, SA03, ... ETC.)

REQUIRED REVENUE DEPOSIT INFORMATION

Org Code	EO	Object	Deposit # (6 DIGITS)	Deposit Amt

ADDITIONAL INFORMATION REQUIRED FOR AN EXPENDITURE REFUND REQUEST

Voucher #: _____

State of Florida Warrant #: _____

State of Florida Warrant Date: _____
(Not Voucher Date)

State of Florida Warrant Amt: _____

Restored Amt: _____

Authorized Signature: _____