

Indigent for Costs Attorney Reimbursement of Due Process Costs Voucher Cover

Attorney Name _____
 Firm Name _____
 County & Circuit _____
 Florida Bar Number _____
 Tax ID Number _____

Name of Provider _____
 Provider Invoice Number _____
 Case Number _____
 Case Caption _____

Total Invoice Amount	\$ _____
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Due Process Type: Court Reporter Expert Witness Medical Testing Travel**
 *(One per Item) Investigator Process Server Other _____

**Pursuant to section 112.061, F.S., any request for reimbursement of travel expenses including mileage must be supported by a properly completed travel voucher issued by the Department of Financial Services.

INVOICE INFORMATION:

A. Units of Service Billed

Date _____

Per Hour Per Page Per Diem Other _____

Unit Quantity Unit Rate Total Invoiced

	X		=		\$	
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----- Provider Invoice and Proof of Payment must be attached. -----

Attorney Certification

I certify the due process costs for services reflected on this invoice are accurately reported herein, were satisfactorily performed or received, were necessary for the performance of my duties in the above referenced case number, all of the due process vendors have been fully paid for all amounts included in this invoice, transactions were in accordance with the Florida statutes and all applicable laws and rules of the State of Florida, and that under the terms of my Agreement with the Justice Administrative Commission payment of this invoice is appropriate.

 Attorney Signature (Blue Ink) Date

 Attorney Printed Name

 Bar Number

 Phone Number

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.

JAC Date Stamp