Privately Retained Attorney - Indigent for Costs
Order Form for Copies and Other Services
Voucher Cover

Name of Provider _____ Invoice Number _____

Vendor Tax ID Number _____ Case Number _____

IFC Attorney Name _____ Case Caption _____

Florida Bar Number _____ County & Circuit _____ , _____

Total Invoice Amount	$

Services Provided

☐ Copies

☐ Other _____

Unit Quantity	X	Unit Rate	=	Total
				$
				$
		TOTAL		$

----------Attach Invoice and Receipt for Service----------

Provider Certification

I certify that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

_____

Provider Signature (Blue Ink) Date

_____

Provider Printed Name

_____

Phone Number

Attorney Certification

I certify that the costs and services reflected on this invoice were satisfactorily performed, were necessary for the performance of my duties in the above referenced case, the amount due is accurate, transactions were in accordance with the Florida statutes and all applicable laws and rules of the State of Florida and payment is appropriate.

_____

Attorney Signature (Blue Ink) Date

_____

Attorney Printed Name

_____

Bar Number

_____

Phone Number

JAC Date Stamp

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

Indigent for Costs