

JAC Invoice - Copies and Other Services

COP-0119

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| Vendor Name: <small>(as listed on Substitute Form W-9 and JAC Contract)</small> | Invoice Number: <small>(MAX 9 characters)</small> |
| Vendor Tax ID Number: <small>(MUST match ID on Substitute Form W-9 and JAC Contract)</small> | Case Number: |
| Defendant's Attorney Name: | IFC <input type="checkbox"/> Pro Se <input type="checkbox"/> Cap. Coll. <input type="checkbox"/> |
| Florida Bar Number: | County and Circuit |
| <input type="checkbox"/> State entity: All State Agencies (State Agencies or other entities processing bills through the FLAIR system), per DFS requirements, should be paid through Journal Transfer. | Defendant/Client Name: |
| Total Invoice Amount: <small>(automatically calculated as form is completed)</small> | |

21 digit FLAIR code:

Benefiting Object
Code:

Benefiting
Category:

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|--|-------------------------------------|-----------------------------------|--------------------------------|
| Services Provided: | Service Date: <input type="text"/> | Format: MM/DD/YYYY | |
| <input type="checkbox"/> Copies | Unit Quantity: <input type="text"/> | Unit Rate \$ <input type="text"/> | Subtotal: <input type="text"/> |
| <input type="checkbox"/> Other Specify: <input type="text"/> | Unit Quantity: <input type="text"/> | Unit Rate \$ <input type="text"/> | Subtotal: <input type="text"/> |
| <input type="checkbox"/> Other Specify: <input type="text"/> | Unit Quantity: <input type="text"/> | Unit Rate \$ <input type="text"/> | Subtotal: <input type="text"/> |
| <input type="checkbox"/> Other Specify: <input type="text"/> | Unit Quantity: <input type="text"/> | Unit Rate \$ <input type="text"/> | Subtotal: <input type="text"/> |
| <input type="checkbox"/> Other Specify: <input type="text"/> | Unit Quantity: <input type="text"/> | Unit Rate \$ <input type="text"/> | Subtotal: <input type="text"/> |
| <input type="checkbox"/> Other Specify: <input type="text"/> | Unit Quantity: <input type="text"/> | Unit Rate \$ <input type="text"/> | Subtotal: <input type="text"/> |
| <input type="checkbox"/> Other Specify: <input type="text"/> | Unit Quantity: <input type="text"/> | Unit Rate \$ <input type="text"/> | Subtotal: <input type="text"/> |

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| TRAVEL EXPENSES / MILEAGE A properly completed DFS Travel Voucher MUST BE ATTACHED. Mileage may be billed only when the destination is in excess of 50 miles (one-way) from vendor's office. Any one-way trip that exceeds 50 miles must be supported by documentation. The DOT Mileage Calculator MUST BE USED when cities are listed therein. If not listed, other documentation may be used. | Subtotal: <input style="width: 100%;" type="text"/> |
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<<<Attach Invoice and Receipt for Service.>>>

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| <p style="text-align: center;">Vendor Certification</p> <p><small>Under penalty of perjury, I certify that I have read the foregoing (Copies and Other Services Invoice) and the facts stated in it are true; and the amounts reflected on the invoice are true and accurate; and that the work in connection herewith was actually performed.</small></p> <hr/> Vendor Signature (Blue Ink) Date <small>Format: MM/DD/YYYY</small> | <p style="text-align: center;">Certification of Receipt of Services</p> <p><small>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 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 is appropriate.</small></p> <hr/> Attorney/Pro Se Defendant Signature (Blue Ink) Date <small>Format: MM/DD/YYYY</small> | <p style="text-align: center;">JAC DOC STAMP</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| Vendor Printed Name Phone Number | Printed Name / Florida Bar Number | JAC Date Stamp |

BILL WILL BE RETURNED IF NOT SIGNED.
 IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.

JAC APPROVAL

AUDIT NOTES