

JAC Invoice - Court Reporter Services/Video Services

REP-081919

Vendor Name: (as listed on Substitute Form W-9 and JAC Contract)		Invoice Number: (MAX 9 characters)	
Vendor Federal Employer Identification Number: (MUST match ID on Substitute Form W-9 and JAC Contract)		Case Number:	
Defendant's Attorney Name:		<input type="checkbox"/> IFC	County and Circuit:
		<input type="checkbox"/> Pro Se	
Florida Bar Number:		<input type="checkbox"/> Cap. Coll.	Defendant/Client Name:
Court Reporter Name:		Total Invoice Amount: (automatically calculated as form is completed)	

ATTENDANCE INFORMATION Attendance at court hearings are paid by Court Administration.		Please check if applicable		<input type="checkbox"/> Video (must be supported by court order unless it is a minor witness - under 18)		<input type="checkbox"/> Listening fee for recorded statements (Provide detailed statement if billing for more than 1 day.)	
Attendance Date: Date Format MM/DD/YYYY	Start Time: Time format example 1:30 PM	<input type="checkbox"/> Minor (under 18)			1st Hour/Minimum Fee \$		
	End Time:	Additional Hours (in tenths)	X Rate \$	/hour	Subtotal:		

Deponent(s)/Name(s) of Witness(es): (if additional names, please attach list)	
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TRANSCRIPT INFORMATION Transcripts must be supported by a court order authorizing the transcription. For appellate transcripts, a designation of the record may be used in lieu of a court order.		Please check if applicable		<input type="checkbox"/> Deposition/Transcript		<input type="checkbox"/> Hearing		<input type="checkbox"/> Appellate		<input type="checkbox"/> Recording/Other	
Order Date: <input type="checkbox"/> Expedited, (must be supported by court order indicating either 5 day or 1 day expedited rate.)	Date Format MM/DD/YYYY	Original: #Pages	\$ per Page	Subtotal:							
By signing below, I certify that I was authorized to prepare all transcripts applicable to this invoice. If the transcript billed above is an original, I further certify that to my knowledge an original has not been previously paid by JAC or another state entity.		Copy: #Pages	\$ per Page	Subtotal:		The copy rate represents additional copies beyond original copies as provided by Florida law.					

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. Generally court reporters are not paid travel expenses unless there are no local court reporters available.	Subtotal:
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OTHER REIMBURSEMENT EXPENSES As permitted under JAC Policies and Procedures or pursuant to court order. (invoice/receipt, proof of payment, and court order if applicable, MUST BE ATTACHED)	Specify Other:	Subtotal:
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Vendor Certification Under penalty of perjury, I certify that I have read the foregoing (Court Reporter Services/Video 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.	Certification of Receipt of Services I hereby certify that the services provided by the above named vendor were satisfactorily performed and were necessary in the representation of the above-named defendant who is indigent. If this invoice includes transcripts, I certify transcripts have been delivered and I have also read and agree with the number of pages and copies provided, as stated above.	JAC DOC STAMP
_____ Vendor Signature (Blue Ink)	_____ Attorney OR Pro Se Defendant Signature OR Clerk of Court/Public Defender Designee for Appellate Transcripts (Blue Ink)	JAC Date Stamp
_____ Vendor Printed Name	_____ Printed Name / Florida Bar Number	
_____ Date	_____ Date	
_____ Phone Number		

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
