

JAC Invoice - Expert Witness/Other Professional Services

EXP-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:	IFC <input type="checkbox"/>	County and Circuit:	
Florida Bar Number:	Pro Se <input type="checkbox"/> Cap. Coll. <input type="checkbox"/>	Defendant/Client Name:	
Provider Name: (if different from Vendor Name)		Total Invoice Amount: (automatically calculated as form is completed)	

VENDOR INFORMATION:
 Hourly Services Flat Fee Services Specify Other Expert Type

Hourly Services: **Rate Category** should be based on the rate set forth in the JAC Rate Chart by Circuit or established in court order.

Please see the Invoice Instructions as well as the JAC Policies and Procedures for hourly billing requirements. MUST attach detailed hourly statement listing dates and times. BILLING MUST BE IN HOURS AND TENTHS.		Hours: (in tenths)	Hourly Rate \$	Subtotal:
		Hours: (in tenths)	Hourly Rate \$	Subtotal:
		Hours: (in tenths)	Hourly Rate \$	Subtotal:
		Hours: (in tenths)	Hourly Rate \$	Subtotal:
		Hours: (in tenths)	Hourly Rate \$	Subtotal:

Flat Fee/Testing/Per Unit Services: Specify Service

This section should be used for flat fee or per unit services, such as in Mental Health Evaluations, when there is a set fee.

	Unit:	Rate \$	Subtotal:
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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:
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OTHER REIMBURSEMENT EXPENSES **Specify Other:**

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)

	Subtotal:
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<p style="text-align: center;">Vendor Certification</p> <p>Under penalty of perjury, I certify that I have read the foregoing (Expert Witness/Other Professional 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.</p> <p>_____ Vendor Signature (Blue Ink) Date</p> <p>_____ Vendor Printed Name Phone Number</p>	<p style="text-align: center;">Certification of Receipt of Services</p> <p>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.</p> <p>_____ Attorney/Pro Se Defendant Signature (Blue Ink) Date</p> <p>_____ Printed Name / Florida Bar Number</p>	<p style="text-align: center;">JAC DOC STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">JAC Date Stamp</p>
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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