



JUSTICE ADMINISTRATIVE
COMMISSION



Accounting Hot Topics

JAC Accounting Staff

Accounting “Hot Topics” Objectives

- Special purchases
- Review advance payments, when they are allowed and what is required to get them paid
- Accounting Project
- Flair Demonstration
- Warrant Lookup and Duplicates

Medical Object Codes


- 1320** Object codes should only be used for medical procedures. These object codes are subject to more strict rules and regulations for taxation and interest penalties
- They should not be used for the following purchases:
 - Information and Evidence
 - Expert Witness
 - Psychological Evaluation
 - Record Review

Medical Object Codes

- We are requesting that your office stop using these object codes
- Starting July 1, 2024, we will not allow this object code to be used for disbursements
- If the batch sheets come in with these object codes, JAC Accounting will change the object code to the correct one

Membership Dues



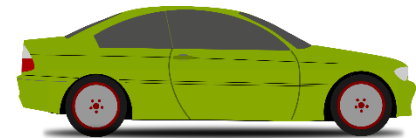
- Membership dues may be paid using state funds upon approval by the agency head only if the membership is essential to the statutory duties of the agency 
- Payment information for membership dues must contain a statement that the records of the organization, as they pertain to the public agency, shall be public records according to s. 119.01(3), F.S.

Awards and Recognitions

- According to s. 110.1245, F.S., each department head is authorized to incur expenditures for purchasing awards & recognitions for state employees
- Awards may include: framed certificates, pins, and other tokens of appreciation
- Awards may not cost in excess of \$100 each, plus applicable taxes
- Employee receiving the award should be indicated with the batch sheet sent to JAC

Procurement of Motor Vehicles

- Payment for purchase or continuous lease of motor vehicles must include the following:
 - Documentation of appropriated funds, such as the LBR Form D3-A, the budget amendment from the Governor's Office, or the appropriation line item from the General Appropriations Act (GAA)
 - Evidence of Department of Management Services (DMS) approval from FLEET Management
 - Copy of the Authorization



Advance Payments

- As a general rule of thumb, the “State” does not like to spend taxpayer money unless the goods or services provided to the State have been received and approved
- State laws and rules do allow for advance payments under certain circumstances
- Department of Financial Services (DFS) sets the rules for advance payments (and most other payments)

Advance Payments – Prior Approval Not Needed

- Advance payments for maintenance agreements, software license agreements, and subscriptions are allowed *without pre-approval* from DFS (if under \$35,000) (e.g. BOMS or STAC agreements)
 - As long as there is savings to the state, or
 - The goods and services are essential to the operations of your agency and you may not obtain the services unless paid in advance

Advance Payments – Maintenance Agreements

- If DFS pre-approval is not required, both of the following should be included with the payment package
 - A memo including why this advance purchase is essential to your agency's mission
 - The invoice or memo describing the savings. Example: one-time payment for 12 months of \$8,000, or 12 monthly payments of \$1,000, reflecting a savings of \$4,000 annually

Advance Payments – Pre-Approval Needed From DFS

- If the maintenance agreement, software license agreement, or subscription is over \$35,000 (category II threshold), the payment must be pre-approved by DFS
- This is achieved by submitting a memo to DFS requesting pre-approval of an advance payment

Advance Payments – Pre-Approval Needed From DFS

- The memo should include the following information:
 - Line number in the General Appropriations Act
 - Invoice total
 - Service period for the agreement
 - Savings to the state/services only available if paid in advance
 - Services are essential to your agency's mission
 - How your agency will recoup funds in case of non-performance

Advance Payments – Pre-Approval Needed From DFS

- If you need assistance creating the memo we are here to help you
- JAC will forward your memo to DFS
- DFS stamps an approval on the memo
- The memo needs to be included with the batch sheet for payment

Advance Payments – Conferences and Training

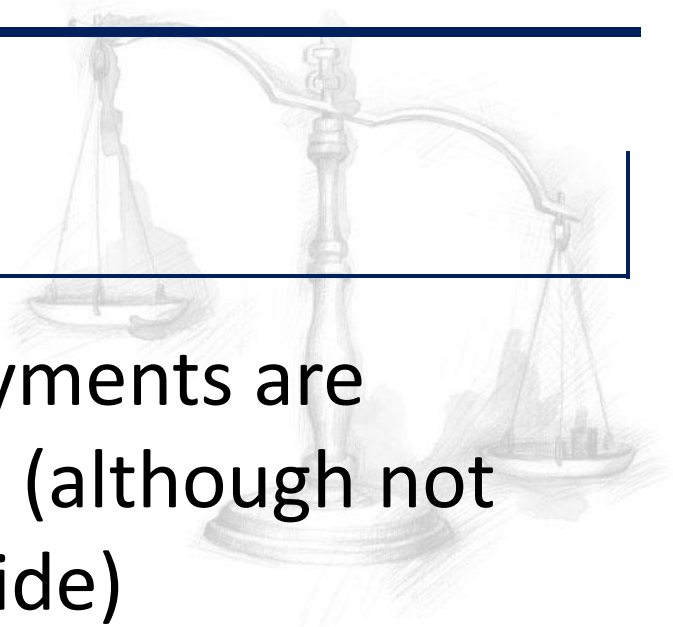
- In the past, if you were paying for a registration more than twenty days in advance it needed pre-approval by DFS
 - This was achieved by sending a memo to DFS asking for advance payment approval
- DFS no longer requires a pre-approval for registrations paid more than twenty days in advance; however, please include a justification with the payment documentation

Advance Payments – Conferences and Training

- The justification should include the following information
 - List of employees attending
 - Cost per person
 - Dates of the training event or conference
 - Statement explaining why the payment must be made earlier than 20 workdays prior to the event (e.g., needed to secure a seat, savings to the state)
 - Benefit to the state

Advance Payments – Other Considerations

- The following advance payments are generally accepted by DFS (although not listed in the Reference Guide)
 - Information and evidence
 - Time sensitive case-related payments
 - Travel arrangements (e.g., airfare, hotel)



Accounting Project

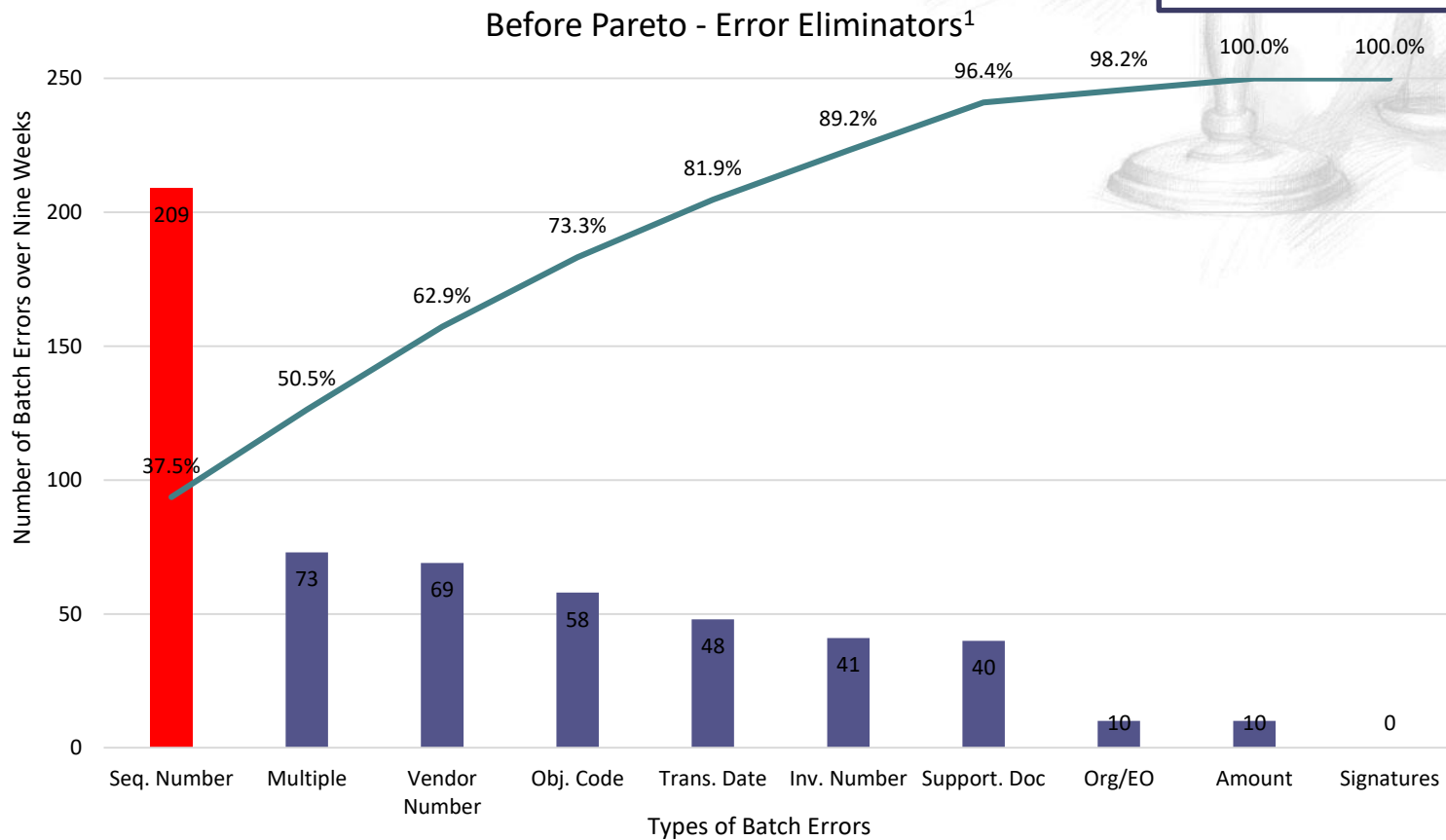
- Accounting with the help of HR, Financial Services, and Budget staff implemented a process improvement project to track errors on batch sheets
- The overall goal of the project was to help us:
 - 1) Identify the types of errors that were being addressed and corrected on the batch sheets
 - 2) Use that information to develop trainings and policies that allow us to help you

Accounting Project – Update

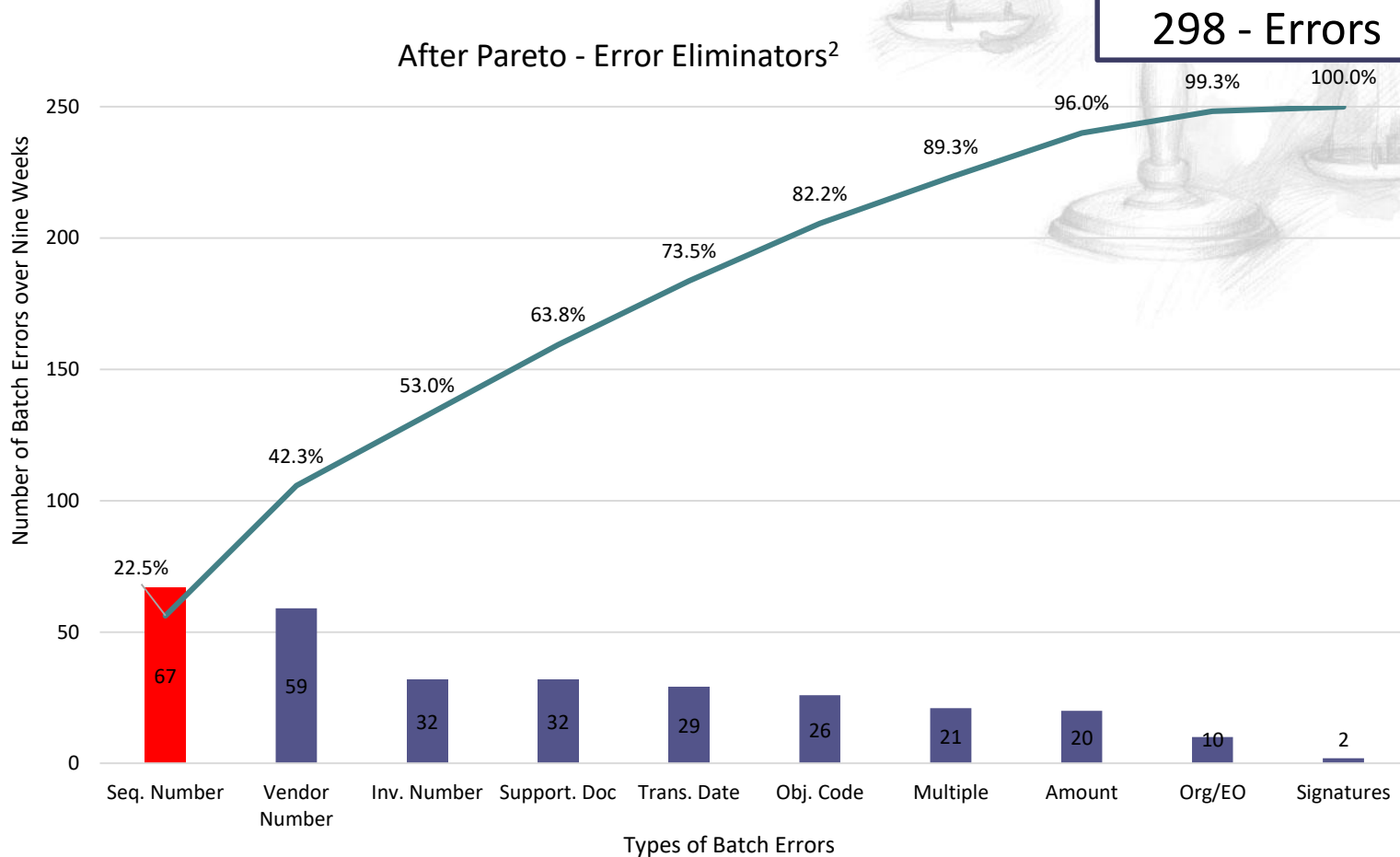
- We launched this project just after the last CNC Conference ended, and at the time a little over 12% of the batches we received had at least one error
- Most of them were related to vendor and sequence numbers so we set out to address them specifically
- Here's what the numbers looked like just one year ago...

Accounting Project – One Year Ago

558 - Errors



Accounting Project – Current



Accounting Project – Thank You!

- We absolutely couldn't have achieved this improvement without your help...thank you all so much for your cooperation and patience!

FLAIR Demonstrations

- State Accounts – Look Up
- Vendor Search
- Vendor Payment History – Website



State Accounts – Lookup

MNMU

03/18/2024 14:15:51

MENU

SEC	FC	DESCRIPTION	SEC	FC	DESCRIPTION	SEC	FC	DESCRIPTION
I	AB	AVAILABLE BAL.	I	AD	ACCOUNT DESC	U	AP	ACCTS PAYABLE
U	AR	ACCTS RECEIVABLE	U	CF	REQ FOR CERT	I	CI	CONTRACT INFO
U	CR	CASH RECEIPTS	U	DB	DISBURSEMENTS	U	EN	ENCB & ENCB CHG
I	EX	EXPANSION	U	GA	GEN ACCOUNTING	U	PJ	PROJECT INFO
U	RP	IMMEDIATE REPORTS	U	RP	RECURRING REPORTS	U	SC	STATE CFO FILES
I	TI	TITLE - GENERAL	S	VE	VENDOR-EMPLOYEE	U	VP	VOUCHER PRINT
I	VS	VENDOR-STATEWIDE						

TYPE: sa SEL: _

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 CONT DAC



State Accounts – Lookup

SAMU

ACCOUNT BALANCE REQUEST

03/18/2024 14:16:58

ACCOUNT CODE

L1 GF SF FID BE IBI CAT YR
21

BALANCE FILE
MONTH
CASH

DOCUMENT SUMMARY FILE
MONTH DAY
CASH
STATEWIDE DOC-NO

REFUND OF OVERPAYMENTS ACCOUNT
MONTH

TYPE SEL

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
CONT EXIT MAIN RFRSH



State Accounts – Lookup

SAMU

ACCOUNT BALANCE REQUEST

03/21/2024

11:27:58

ACCOUNT CODE

L1	GF	SF	FID	BE	IBI	CAT	YR
21	10	1	000069	21300800	00	103230	00

X BALANCE FILE
 MONTH
 CASH

DOCUMENT SUMMARY FILE
 MONTH DAY
 CASH
 STATEWIDE DOC-NO

REFUND OF OVERPAYMENTS ACCOUNT
 MONTH

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 CONT EXIT MAIN RFRSH

TYPE SEL



State Accounts – Lookup

SAID BALANCE FILE - BUDGETARY 03/21/2024 11:29:59

L1 GF SF FID BE IBI CAT YR MO RT
 21 10 1 000069 21300800 00 103230 00 03 2

	PRIOR	CURRENT	CURRENT
	MONTH BALANCES	MONTH ACTIVITY	MONTH BALANCE
APPROPRIATIONS ACT	837,306.00	.00	837,306.00
SUPPLEMENTAL APPROP	.00	.00	.00
ADDITIONAL APPROP	.00	.00	.00
CERT FWD APPROP	164,653.66	.00	164,653.66
CANC & REST	.00	.00	.00
TRANSFER APPR	.00	.00	.00
AGENCY TRANSFERS	.00	.00	.00
RESERVES	.00	.00	.00
*TOTAL APPR	1,001,959.66	.00	1,001,959.66
*APPROVED BUDGET	1,001,959.66	.00	1,001,959.66
*CURR YR RELEASE	627,979.00	209,327.00	837,306.00
*CERT FWD REL	156,818.06	.00	156,818.06

CONTINUING...

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 CONT EXIT MAIN TOP FWD



State Accounts – Available Balance

SAID BALANCE FILE - BUDGETARY 03/21/2024 11:31:09

L1	GF	SF	FID	BE	IBI	CAT	YR	MO	RT	PRIOR	CURRENT	CURRENT
21	10	1	000069	21300800	00	103230	00	03	2	MONTH BALANCES	MONTH ACTIVITY	MONTH BALANCE
										982,310.27	46,650.04	1,028,960.31
WARRANT DISB										353,423.28-	28,239.64-	381,662.92-
JOURNAL DISB										.00	.00	.00
TRANSFER DISB										472,068.93	18,410.40	490,479.33
*CURR YR DISB										156,818.06	.00	156,818.06
*CERT FWD DISB										155,910.07	190,916.60	346,826.67
*CURR YR UNEXP REL										.00	.00	.00
*CERT FWD UNEXP REL												

JUSTICE ADMINISTRATIVE COMMISSI

CONTINUING...

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 CONT EXIT MAIN TOP FWD



State Accounts – Available Balance

SAID BALANCE FILE - BUDGETARY 03/21/2024 11:33:20

L1 GF SF FID BE IBI CAT YR MO RT
 21 20 2 339040 21300800 00 103230 00 03 2

	PRIOR	CURRENT	CURRENT
	MONTH BALANCES	MONTH ACTIVITY	MONTH BALANCE
WARRANT DISB	.00	.00	.00
JOURNAL DISB	.00	.00	.00
TRANSFER DISB	.00	.00	.00
*CURR YR DISB	.00	.00	.00
*CERT FWD DISB	.00	.00	.00
*CURR YR UNEXP REL	315,200.00	.00	315,200.00
*CERT FWD UNEXP REL	.00	.00	.00

CASH 21 20 2 339040 3,784,836.17 G & D TF JUSTICE ADMIN COMM

CONTINUING...

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 CONT EXIT MAIN TOP FWD



State Accounts – Lookup

SAMU ACCOUNT BALANCE REQUEST 03/21/2024 13:45:21

ACCOUNT CODE

L1	GF	SF	FID	BE	IBI	CAT	YR
21	10	1	000069	21300800	00	103230	00

BALANCE FILE
MONTH
CASH

DOCUMENT SUMMARY FILE
MONTH 01 DAY _
CASH
STATEWIDE DOC-NO

REFUND OF OVERPAYMENTS ACCOUNT
MONTH

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
CONT EXIT MAIN RFRSH



State Accounts – Lookup

SASD 03/21/2024 13:46:07
 DOCUMENT SUMMARY FILE - BUDGETARY ACCOUNT PAGE 1

L1	GF	SF	FID	BE	IBI	CAT	YR	RT	STWD	DOC-NO	MO	DAY
21	10	1	000069	21300800	00	103230	00	2			01	
			APPROPRIATIONS		APPROVED BUDGET			RESERVE		RELEASES		
			BALANCES		BALANCES			BALANCES		YTD BALANCES		
010124			1001959.66		1001959.66			.00		784797.06		
013124			1001959.66		1001959.66			.00		784797.06		
AUDIT	STATEWIDE		AGENCY		TR	CF	TRANSACTION			UNEXPENDED		
DATE	DOC NO		DOC NO		CD	I	AMOUNT			RELEASE BALANCE		
01/01/24										186,608.62		
010224	D4000296527		V015421		12		74.22			186,534.40		
010524	D4000299511		V015557		39		26.82			186,561.22		
010524	D4000299575		V015621		10		45.00			186,516.22		
010524	D4000299576		V015622		12		104.92			186,411.30		
010524	D4000299577		V015623		10		5,057.00			181,354.30		
010524	D4000299653		V015699		21		3,362.00			184,716.30		

CONTINUING . . .

TYPE SEL

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

CONT EXIT MAIN TOP FWD



Vendor Search – Lookup

MNMU

03/18/2024 14:20:39

MENU

SEC	FC	DESCRIPTION	SEC	FC	DESCRIPTION	SEC	FC	DESCRIPTION
I	AB	AVAILABLE BAL.	I	AD	ACCOUNT DESC	U	AP	ACCTS PAYABLE
U	AR	ACCTS RECEIVABLE	U	CF	REQ FOR CERT	I	CI	CONTRACT INFO
U	CR	CASH RECEIPTS	U	DB	DISBURSEMENTS	U	EN	ENCB & ENCB CHG
I	EX	EXPANSION	U	GA	GEN ACCOUNTING	U	PJ	PROJECT INFO
U	RP	IMMEDIATE REPORTS	U	RP	RECURRING REPORTS	U	SC	STATE CFO FILES
I	TI	TITLE - GENERAL	S	VE	VENDOR-EMPLOYEE	U	VP	VOUCHER PRINT
I	VS	VENDOR-STATEWIDE						

TYPE: VS SEL:

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 CONT DAC



Vendor Search – Lookup by TIN

VSMU

03/18/2024 14:21:02

STATEWIDE VENDOR MINI MENU

SELECT	IND	NUMBER	SEQ	ZIP	PAYEE	LEVY
I	F	582659941	001	-	-	

VENDOR NAME:

PAYEES ONLY:

VENDORS ONLY:

W9 NAME:

SELECT

- I: INQUIRY (BY NUMBER, VENDOR NAME OR W9 NAME)
- A: ADD NEW VENDOR (BY NUMBER ONLY)
- U: UPDATE (BY NUMBER ONLY)

Enter	PF1	PF2	PF3	PF4	PF5	PF6	PF7	PF8	PF9	PF10	PF11	PF12	TYPE	SEL
CONT				MAIN	REFRESH									



Vendor Search – Lookup by TIN

VSI1 STATEWIDE VENDOR INQUIRY BY NUMBER 03/18/2024 14:22:15

VENDOR ID: F 582659941 W9 NAME: CIOX HEALTH LLC

W9: Y
W9 UPDATE: 07/15/2016

SEQ	VENDOR NAME	SHORT NAME	PIN
	PURCHASING ADDRESS	REMITTANCE ADDRESS	

000	CIOX HEALTH, LLC 925 NORTH POINT PARKWAY ALPHARETTA GA 30009-0000	CIOX HEALTH, LLC PO BOX 409822 CIOX LOCKBOX ATLANTA GA 30384-0000	1714
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PHONE: (770) 670-2155
REQ OLO: 000000
VEI: M
FOREIGN: N
LEVY:
MC: A
EFT: Y

LAST UPDATED: 03/30/2020
LAST USED: 03/18/2024
CONFIDENTIAL: N
PAYEE: N
STATUS: A
INACT CODE:
REVENUE TYPE:

SEL _ VENDOR ID: ZIP: PAYEE: TYPE SEL
NAME: PAYEES ONLY: VENDORS ONLY:

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
CONT MINI MAIN RFRSH TOP FWD



Vendor Search – Lookup by Name

VSMU

03/18/2024 14:22:46

STATEWIDE VENDOR MINI MENU

SELECT	IND	NUMBER	SEQ	ZIP	PAYEE	LEVY
I		VENDOR ID:		-		

VENDOR NAME: CIOX HEALTH
 PAYEES ONLY: VENDORS ONLY:

W9 NAME:

SELECT
 I: INQUIRY (BY NUMBER, VENDOR NAME OR W9 NAME)
 A: ADD NEW VENDOR (BY NUMBER ONLY)
 U: UPDATE (BY NUMBER ONLY)

Enter	PF1	PF2	PF3	PF4	PF5	PF6	PF7	PF8	PF9	PF10	PF11	PF12	TYPE	SEL
CONT				MAIN	RFRSH									



Vendor Search – Lookup by Name

VSI2 03/18/2024 14:23:21

STATEWIDE VENDOR INQUIRY BY VENDOR NAME

VENDOR NAME: CIOX HEALTH, LLC PURCHASING ADDRESS:
 VENDOR ID: F 582659941 001 PIN: 1714 925 NORTH POINT PARKWAY
 PHONE: (770) 670-2155 REQ OLO: 000000 ALPHARETTA GA 30009-0000
 LAST USED: 03/18/2024 UPDATED: 03/30/2020
 CI: N FOREIGN: N LEVY: PAYEE: N
 SC: A INACT CODE: MC: A EFT: Y VEI: M REVENUE TYPE:
 W9: Y W9 UPDATE: 07/15/2016 W9 NAME: CIOX HEALTH LLC

VENDOR NAME: CIOX HEALTH, LLC PURCHASING ADDRESS:
 VENDOR ID: F 582659941 002 PIN: 8230 PO BOX 409822
 PHONE: (770) 360-1768 REQ OLO: 210000 ATLANTA GA 30384-0000
 LAST USED: 03/15/2024 UPDATED: 07/15/2016
 CI: N FOREIGN: N LEVY: PAYEE: N
 SC: A INACT CODE: MC: A EFT: Y VEI: F REVENUE TYPE:
 W9: Y W9 UPDATE: 07/15/2016 W9 NAME: CIOX HEALTH LLC

SEL _ VENDOR ID: ZIP: PAYEE: TYPE SEL
 NAME: PAYEES ONLY: VENDORS ONLY:
 Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 CONT MINI MAIN RFRSH TOP FWD



Vendor Payment History

- <https://fs.fldfs.com/dispub2/cvnhphst.htm>



JIMMY PATRONIS
FLORIDA'S CHIEF FINANCIAL OFFICER

[CFO Home](#)

[FLAIR Home](#)

Vendor Payment History

This site will provide vendors with a resource to make inquiries into payments made to them by the State of Florida. The payment information is updated each evening for current day payments.

For more detailed information regarding any payment, please contact the agency at the telephone number shown.

To inquire on Vendor Payments received please fill in the following and click on the SUBMIT button.

[Request for Social Security Number \(SSN\)](#). The request for your SSN or other Taxpayer Identification Number is authorized by 26 U.S.C. 6041 and related IRS regulations. Your SSN or other Taxpayer Identification Number will be used to fulfill an agency duty to maintain your SSN in confidence based on 26 U.S.C. 6103 and Sec. 213.053, Florida Statutes. It will be used to assure that only the vendors whose payment histories are being accessed may access the information for that vendor. Your SSN may also be used for any other purpose specifically required or authorized by state or federal law.

FEID or SSN:

Beginning Month:

Desired Year:

Note: Search results will begin with the month selected and continue through December of the desired year selected.

The following field is optional. You may choose an active or inactive department.

Department:



Vendor Payment History

PAGE: 1 VENDOR PAYMENT HISTORY RECORDS FOR FEID / SSN: 526004813

PAYMENT DATE	PAYMENT NUMBER	PAYEE NAME	PAYMENT TYPE	AGENCY DOC.NBR.	INVOICE NUMBER	INVOICE AMOUNT
2024/03/01	0669755	SOCIAL SECURITY ADMINISTRATION	REGULAR WARRANT	V020934	XXX-XX-90	82.00
FOR ADDITIONAL INFORMATION PLEASE CONTACT: JUSTICE ADMINISTRATION AT (850) 488-2415						
2024/03/01	0669771	SOCIAL SECURITY ADMINISTRATION	REGULAR WARRANT	V020943	22-12966A	144.00
2024/03/01	0669771	SOCIAL SECURITY ADMINISTRATION	REGULAR WARRANT	V020943	22-12966B	144.00
*PAYMENT TOTAL:						288.00
FOR ADDITIONAL INFORMATION PLEASE CONTACT: JUSTICE ADMINISTRATION AT (850) 488-2415						
2024/03/05	0676541	SOCIAL SECURITY ADMINISTRATION	REGULAR WARRANT	V021130	DD022324	89.00
FOR ADDITIONAL INFORMATION PLEASE CONTACT: JUSTICE ADMINISTRATION AT (850) 488-2415						
2024/03/07	0690239	SOCIAL SECURITY ADMINISTRATION	REGULAR WARRANT	V021404	XXXXX2611	131.00
FOR ADDITIONAL INFORMATION PLEASE CONTACT: JUSTICE ADMINISTRATION AT (850) 488-2415						
2024/03/11	0700074	SOCIAL SECURITY ADMINISTRATION	REGULAR WARRANT	V021551	2848	205.00

ADMINISTRATION AT (850) 488-2415

Note: Payment number and warrant number are the same



Vendor Payment History

VENDOR PAYMENT DETAIL RECORDS FOR FEID/SSN: 526004813
 AGENCY VO: V020934 PAYMENT NUMBER: XXX-XX-90 DUPLICATE: NO

SWDN	ACCOUNT CODE	OBJECT	AMOUNT	POSTING DATE	PYMT STATUS	PAID DATE	CONTRACT	PAYMENT TYPE
D4000399487	21101000069213008000010322800	461000	82.00	2024/03/01	OUTSTANDING			WARRANT

- After you select the hyperlink for the payment, the above status screen will display



Vendor Payment History



PAYMENT DATE	PAYMENT NUMBER	PAYEE NAME	PAYMENT TYPE	AGENCY DOC.NBR.	INVOICE NUMBER	INVOICE AMOUNT
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FOR ADDITIONAL INFORMATION PLEASE CONTACT: JUSTICE ADMINISTRATION AT (850) 488-2415

2020/01/22	0681977	SOCIAL SECURITY ADMINISTRATION	REGULAR WARRANT	V020826	KSON 0926	38.00
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FOR ADDITIONAL INFORMATION PLEASE CONTACT: JUSTICE ADMINISTRATION AT (850) 488-2415

2020/01/23	0403287	SOCIAL SECURITY ADMINISTRATION	PURCHASING CARD	V020625	045107300	125.00
2020/01/23	0403287	SOCIAL SECURITY ADMINISTRATION	PURCHASING CARD	V020625	045109400	125.00

***PAYMENT TOTAL: 250.00**

FOR ADDITIONAL INFORMATION PLEASE CONTACT: JUSTICE ADMINISTRATION AT (850) 488-2415

- Purchasing Card (PCard) transactions also display on the FLAIR website
- PCard payments are assigned warrant (payment) numbers in the same way other payments are assigned warrant numbers



Lost Warrants – What to Do?

- Don't cancel a warrant that is lost
- Check to see if the warrant has been cashed (paid) in FLAIR
- If cashed/paid – JAC can request a copy of the paid warrant
- If uncashed (outstanding) – request a duplicate warrant
- Complete a duplicate warrant request form (see next slide)

Request for Duplicate Warrant – Affidavit Form

- The affidavit must be completely filled out or DFS will return it
- The affidavit can be mailed to JAC or emailed to DFS directly. The email needs to have specific text. Contact JAC Accounting for the email address
- Every field must be correct on the form
- Form must be notarized; don't forget notary stamp and notary dates
- The affidavit form can be found on the Accounting Section's Public Website

Affidavit for Duplicate Warrant

AFFIDAVIT FOR DUPLICATE WARRANT

Section 17.13, Florida Statutes, as amended

PLEASE TYPE OR PRINT ALL INFORMATION OTHER THAN SIGNATURES

State Of:	Florida	County Of:	Leon
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Before the undersigned, an Officer Duly Authorized to Take Acknowledgement, personally appeared the **CLAIMANT** or responsible state Agency representative who, being duly sworn, deposes and says that the **CLAIMANT** (see below) is informed and believes that the State of Florida did issue a warrant as described below:

Claimant or Payee:	Dina Kamen
--------------------	------------

FLAIR Account Code:	21 10 1 000069 21300800 00 103228 00
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Warrant Payable To The Order Of:	Social Security
----------------------------------	-----------------

Warrant Number:	0803571	Warrant Date:	02/03/23	Amount:	955.08
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and **CLAIMANT** further says that according to **CLAIMANT's** best knowledge, information and belief, the said warrant has been lost or destroyed and the **PAYEE** has not benefitted in any way directly or indirectly from the above indicated warrant.

Did the PAYEE endorse the warrant?	No:	<input checked="" type="checkbox"/>	Yes:	<input type="checkbox"/>	If YES, describe the circumstances on the line below
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- JAC will complete the form on your behalf, if needed.



Affidavit for Duplicate Warrant

Claimant Signature:			
Title (If Payee is not an individual):	Director of Accounting		
Address:	227 N. Bronough Street		
City, State and Zip:	Tallahassee, FL 32302		
There must be two witnesses for payees who cannot sign their names. The Notary can count as one witness.			
Witness 1:		Witness 2:	
Address 1:		Address 2:	
Cty St Zip1:		Cty St Zip2:	
INFORMATION MARKED BY ASTERISK (*) MUST BE COMPLETED BY THE NOTARY			
<p>The State of Florida requires that a notary public seal shall be affixed to all notarized documents. This seal shall include "Notary Public State of Florida" (or State you are notarized in). This seal shall also state name of Notary Public, commission expiration date and a commission number. If your state does not require a commission number, then a letter with a copy of your state's Notary Public law must be attached to the affidavit for duplicate in order for the State of Florida to accept this affidavit and process the duplicate.</p>			
* Sworn to and subscribed before me this _____ day of _____, 20_____			
* Print or type name of person filing this affidavit: Dina Kamen			



Questions?

Accounting@justiceadmin.org

(850) 488-2415

