

Uniform Invoice for Civil Traffic Infraction Hearing Officers

Invoice # _____

FLAIR # _____

Vendor/
 Contractor: _____
 Address: _____

 City/State/ZIP _____
 Telephone: _____
 Social Security # or FEIN _____

Month/Year: _____ Contract # _____
 Contract Expires: _____
 Circuit: _____ County: _____

Civil Traffic Infraction Hearing Officer Proceedings

Service Date	Hearing Location	Start & End Time	Total Hrs Billed	Rate (\$/hr)/Session Fee	Total
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
Total					\$ -

_____ Summary of Contractual Services Agreement Attached (Mandatory*)
 _____ Travel Voucher Attached (If Applicable)

I attest the above information is true and correct.

*Unless total amount of services purchased is less than \$500 per fiscal year and no contract has been executed

Contractor/Vendor **Date**

This section to be completed by Court Administration:

Date Invoice Rec'd _____
 Date Goods / Services Rec'd _____
 Received by _____
 Date Goods Inspected / Approved _____
 Inspected / Appv'd by _____

pursuant to s. 939.08, f.s., I certify these costs are just, CORRECT, AND REASONABLE AND CONTAINS NO UNNECESSARY OR ILLEGAL ITEM.

 TRIAL COURT ADMINISTRATOR DATE

Organizational Code:
 2 2 2 0 0 0 1 2 1

Category:
 1 0 0 2 0 0

EO:
 C W

Object Code:
 1 3 4 6 1 1

Payment Amount
 \$ -