

Uniform Invoice for **Court Interpreting Services**

Invoice # _____

FLAIR # _____

Vendor/

Contractor: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Social Security # or FEIN: _____

Month/Year: _____ Contract #: _____

Certification Level: _____ Contract Expires: _____

Circuit: _____ County: _____

Service Date	Language	Defendant/Other	Case Number	Start & End Time	Total Hrs Billed	Rate (\$/hr)	Total
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(PAGE _____ of _____) PAGE Total							-
INVOICE TOTAL:							-

____ Summary of Contractual Services Agreement Attached (Mandatory*)

____ Travel Voucher Attached (If Applicable)

I attest the above information is true and correct.

____ Contractor/Vendor Date

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

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:					Category:	EO:	Object Code:	Payment Amount											
2	2	2	0		1	0	5	4	2	0	C	K	1	3	1	4	1	2	