

# Uniform Invoice for Court Reporting Services

Invoice # \_\_\_\_\_

FLAIR # \_\_\_\_\_

Vendor/ Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Social Security # or FEIN \_\_\_\_\_

Month/Year: \_\_\_\_\_ Contract #: \_\_\_\_\_  
 (Contract Expires: \_\_\_\_\_)  
 Circuit: \_\_\_\_\_ County: \_\_\_\_\_

## Part I: Appearances

Service Date	Service Type	Start & End Time	Total Hours / Sessions Billed	Rate (\$/hr) / Flat Fee Session Fee	Total
					-
					-
					-
					-
					-
					-
					-
					-
<b>Part I Total</b>					<b>\$ -</b>

## Part II: Transcribed Proceedings

Date Ordered	Service Type	Number of Pages	Rate (\$/page)	Total
				-
				-
				-
				-
<b>Part II Total</b>				<b>\$ -</b>

I attest the above information is true and correct.

\_\_\_\_\_ Summary of Contractual Services Agreement Attached (Mandatory\*)

\_\_\_\_\_ Travel Voucher Attached (If Applicable)

\*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 9

**Category:**  
 1 0 5 4 2 0

**EO:**  
 C K

**Object Code:**  
 1 3 1 4 0 0

**Pay Amount:**  
 \$ -