UNIFORM INVOICE FOR **STATE MEDIATION SERVICE**

INVOICE #: _____

FLAIR #: _____

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

Month/Year: _____ Contract #: _____

Circuit: _____ Contract Expires: _____
County _____

STATE MEDIATION SERVICES PROVIDED

Service Date	Case Number	Mediation Type (Please check appropriate appearance type)					Start & End Time	Total Hours / Sessions Billed	Rate Per Hour, Session Fee, or Travel Fee	Total
		Small Claims	County	Family	Depend-ency	Other				
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
								INVOICE TOTAL	$	-

_____ 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

I attest the above information is true and correct.

_____
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 / App'd _____
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 0 0 4 3 0	1 0 5 4 1 5	C A	1 3 4 6 0 0	-