

Uniform Invoice for Court Reporting Services

Invoice # _____

FLAIR # _____

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

Month/Year: _____ Contract #: _____
Circuit: _____ Cntr. Expire Date: _____
County: _____

Part I: Appearances

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

Part II: Transcribed Proceedings

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

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 _____

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:
\$ -

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

TRIAL COURT ADMINISTRATOR _____ DATE _____