

INSTRUCTIONS

Copies and Other Services Invoice/Voucher Cover

COP-0612

Instructions Vendor Name: 1 (as listed on Substitute Form W-9 and JAC Agreement)	Invoice Number: 2 (MAX 9 characters)
Vendor Tax ID Number: (MUST match ID on Substitute Form W-9 and JAC Agreement)	Case Number:
Defendant's Attorney Name:	IFC <input type="checkbox"/> Pro Se <input type="checkbox"/> Cap. Coll. <input type="checkbox"/>
Florida Bar Number:	Select County... 3 County and Circuit
4 State entity: All State Agencies (State Agencies or other entities processing bills through the FLAIR system), per DFS requirements, should be paid through Journal Transfer.	Defendant/Client Name:
Total Invoice Amount: (automatically calculated as form is completed)	

Services Provided:	Service Date: <input type="text"/>		5
<input type="checkbox"/> Copies	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/>	Subtotal:
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/>	Subtotal:
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/>	Subtotal:
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/>	Subtotal:
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/>	Subtotal:
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/>	Subtotal:
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/>	Subtotal:

TRAVEL EXPENSES / MILEAGE A properly completed DFS Travel Voucher MUST BE ATTACHED. Mileage may be billed only when the destination is in excess of 50 miles (one-way) from vendor's office. Any one-way trip that exceeds 50 miles must be supported by documentation. The DOT Mileage Calculator MUST BE USED when cities are listed therein. If not listed, other documentation may be used.	Subtotal: 6
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<<<Attach Invoice and Receipt for Service.>>>

Vendor Certification 7 Under penalty of perjury, I certify that I have read the foregoing (Copies and Other Services Invoice/Voucher Cover) and the facts stated in it are true; and the amounts reflected on the invoice are true and accurate; and that the work in connection herewith was actually performed.	Certification of Receipt of Services 8 I certify that the costs and services reflected on this invoice were satisfactorily performed, were necessary for the performance of my duties in the above-referenced case, the amount due is accurate, transactions were in accordance with Florida Statutes and all applicable laws and rules of the State of Florida, and that under the terms of my Agreement with the Justice Administrative Commission payment is appropriate.	JAC DOC STAMP JAC Date Stamp
Vendor Signature (Blue Ink) _____ Date _____ Vendor Printed Name _____ Phone Number _____	Attorney/Pro Se Defendant Signature (Blue Ink) _____ Date _____ Printed Name / Florida Bar Number _____	

BILL WILL BE RETURNED IF NOT SIGNED.
IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.

Section 1.

- Vendor Name – (as listed on Substitute Form W-9 and JAC Agreement) Provide first and last name, or company name.
- Tax ID Number – Provide federal tax identification (either FEIN or Social Security) number of Vendor or Firm as indicated on JAC Agreement and Substitute Form W-9 unless you are a State Agency (State Agencies or other entities processing bills through the FLAIR system, please refer to Section 4). MUST match ID on Substitute Form W-9 and JAC Agreement. NOTE: Payment cannot be processed without this information.
- Defendant's Attorney Name/Court-Appointed Attorney or IFC Defendant's Attorney Name – Provide first and last name of attorney representing the defendant.
- Florida Bar Number – Provide Bar Number of the Court-Appointed or IFC attorney representing the defendant.
- IFC/Pro Se/Cap. Coll. check box – Please check if Indigent for Costs counsel, Pro Se defendant, or Capital Collateral as applicable.

Section 2.

- Invoice Number – Vendor/Firm must generate and provide an invoice number. MAX 9 characters (this number will allow you to locate this bill on the JAC and DFS vendor web sites).

Section 3.

- Case Number – Provide court issued case number.
- County & Circuit – Select the county and circuit.
- Defendant/Client Name – Provide the first and last name of the client or defendant represented. For parental notification cases only, the client may be represented by initials or "Jane Doe".

Total Invoice Amount – The total amount billed for this invoice is automatically calculated as form is completed.

Section 4.

- State entity – Check box, if applicable. Enter 21 digit FLAIR code, 6 digit Benefiting Object code, and 6 digit Benefiting Category. All State Agencies (State Agencies or other entities processing bills through the FLAIR system), per DFS requirements, should be paid through Journal Transfer.

Section 5.

- Services Provided – Check the appropriate box(es) for type(s) of service. When billing for copies, check appropriate box and indicate the Unit Quantity and Unit Rate. When billing for Other, check the appropriate box and fill in specific service along with the Unit Quantity and Unit Rate. Subtotals will automatically calculate as form is completed.

NOTE: For services other than copies at the Unit Rate, attach a detailed invoice.

- Service Date – (MM/DD/YYYY). If service was provided over multiple dates, use the last date in which service was provided.

Section 6.

- TRAVEL EXPENSES / MILEAGE – A properly completed [DFS Travel Voucher](#) MUST BE ATTACHED. Mileage may be billed only when the destination is in excess of 50 miles (one-way) from vendor's office. Any one-way trip that exceeds 50 miles must be supported by documentation. The [DOT Mileage Calculator](#) MUST BE USED when cities are listed therein. If not listed, other documentation may be used.

Section 7.

- Vendor Certification – By signing this document, you are attesting to the accuracy of all information in this billing. Before submission, please verify the accuracy of all provided information and attach all required supporting documentation not previously submitted.
- Vendor Signature & Date – Sign in [blue ink](#) on the line provided. NOTE: The signature must be original. Include date invoice is certified, (MM/DD/YYYY).
- Vendor Printed Name – Provide first and last name, or company name.
- Phone Number – Provide phone number where vendor can be reached.

Section 8.

- Certification of Receipt of Services – By signing this document, the attorney/Pro Se defendant is certifying that services were received and satisfactorily performed.
 - Attorney/Pro Se Defendant Signature & Date – Sign in [blue ink](#) on the line provided. Include date invoice is certified, (MM/DD/YYYY).
- NOTE: The signature must be original.
- Attorney/Pro Se Defendant Printed Name – Provide first and last name. Bar Number – Provide the Bar Number of the Defendant's attorney. For incarcerated Pro Se defendants, provide the jail or DOC inmate number.

All services are subject to audit and the Justice Administrative Commission reserves the right to offset an over-billing against subsequent payment requests.