Investigator, Mitigation Specialist, and/or Process Server Invoice/Voucher Cover

INV-0518

Vendor Name: (as listed on Substitute Form W-9 and JAC Contract)	Invoice Number: (MAX 9 characters)
Vendor Tax ID Number: (MUST match ID on Substitute Form W-9 and JAC Contract) IFC ☐ Pro Se ☐	Case Number:
Defendant's Attorney Name:	County and Circuit: Select County...
Florida Bar Number:	Defendant/Client Name:
Provider Name: (if different from Vendor Name)	**Total Invoice Amount:** (automatically calculated as form is completed) $ 0.00

UNITS OF SERVICE BILLED:
Please see the Instructions as well as JAC Policies and Procedures for hourly billing requirements.

MUST attach detailed hourly statement listing dates and times.

VENDOR INFORMATION: ☐ Investigator ☐ Mitigation Specialist ☐ Process Server ☐ Final Billing

For licensed private investigators or mitigation specialists:

License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
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License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00

SUBPOENA SERVICE INFORMATION:
MUST ATTACH a copy of the return of service for each person served.

Number Served:	Cost per Subpoena:	Subtotal: 0.00

Name and Date of Individual(s) Served: If additional entries needed, please attach sheet listing names and dates of service.

Name:	Date:	Name:	Date:
Name:	Date:	Name:	Date:
Name:	Date:	Name:	Date:
Name:	Date:	Name:	Date:

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. **(Not applicable to Service of Process)**

Subtotal:

OTHER REIMBURSEMENT EXPENSES
As permitted under JAC Policies and Procedures or pursuant to court order. Specify Other:
(invoice/receipt, proof of payment, and court order if applicable, MUST BE ATTACHED)

Subtotal:

Vendor Certification

Under penalty of perjury, I certify that the person who performed services were properly licensed at the time of service and were authorized to perform all services applicable to this invoice; that I have read the foregoing Investigator, Mitigation Specialist, and/or Process Server 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.

Vendor Signature (Blue Ink) _____ Date _____

Vendor Printed Name

Vendor License Number _____ Phone Number _____

Certification of Receipt of Services

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.

Attorney/Pro Se Defendant Signature (Blue Ink) _____ Date _____

Printed Name / Florida Bar Number

JAC DOC STAMP

JAC Date Stamp

BILL WILL BE RETURNED IF NOT SIGNED.

IMPORTANT: Original Signatures required, JAC will not accept copies or fascimiles of this form.

JAC APPROVAL

AUDIT NOTES