Uniform Invoice for **Civil Traffic Infraction Hearing Officers**

Invoice # _____

FLAIR # _____

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

Month/Year: _____ Contract # _____
Cntr. Expire Dates: _____

Circuit: _____ County: _____

Civil Traffic Infraction Hearing Officer Proceedings

Service Date	Hearing Location	Start & End Time	Total Hrs Billed	Rate ($/hr)/Session Fee	Total
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
				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 / 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:	Category:	EO:	Object Code:	Payment Amount
2 2 2 0 0 0 1 2 1	1 0 0 2 0 0	C W	1 3 4 6 1 1	$ -