



# Justice Administrative Commission Request to Withdraw JAC Voucher over/Invoices

This form is used to request withdrawal of JAC voucher covers/invoices previously submitted due to change in Tax ID or other circumstances where payment could be made to an incorrect entity or address. To expedite this request, please fax to 1-866-644-6323.

Request Date: \_\_\_\_\_

Requester Name (Attorney, Vendor, Company): \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Florida Bar Number \_\_\_\_\_

For each JAC Voucher Cover/Invoice you would like withdrawn from payment, complete the following information (attach additional sheets, as necessary):

Case Number \_\_\_\_\_ Invoice Number \_\_\_\_\_

Defendant \_\_\_\_\_ Invoice Amount \_\_\_\_\_

Case Number \_\_\_\_\_ Invoice Number \_\_\_\_\_

Defendant \_\_\_\_\_ Invoice Amount \_\_\_\_\_

Case Number \_\_\_\_\_ Invoice Number \_\_\_\_\_

Defendant \_\_\_\_\_ Invoice Amount \_\_\_\_\_

Case Number \_\_\_\_\_ Invoice Number \_\_\_\_\_

Defendant \_\_\_\_\_ Invoice Amount \_\_\_\_\_

I understand that some billings may have already begun to be processed by JAC and may be paid to the Tax ID (and address) listed on the original voucher cover/invoice. In those cases, as provided in the JAC Agreement, I understand that I must resolve these instances without the involvement of JAC. I also understand that in order to receive payment for voucher covers/invoices that I am requesting to withdraw an amended voucher cover/invoice must be submitted to JAC with the correct Tax ID listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_