Court-Appointed Attorney - Out-of-State Court Reporter Transcription Certification
Invoice/Voucher Cover

Name of Court Reporter _____
Firm Name _____
Vendor Tax ID Number _____
Court-Appointed Attorney _____
Florida Bar Number _____
Date Transcription Ordered _____

Invoice Number _____
Case Number _____
Case Caption _____
County & Circuit _____

Total Invoice Amount $

INVOICE INFORMATION:

A. Transcript Information

☐ Trial ☐ Other Hearings ☐ Video ☐ Deposition (Name) _____

Date(s) _____ - _____

Original:	$/Page		# Pages				Total	$
Copy:	$/Page		# Pages		# Copies		Total	$
Other:	$/Page		# Pages		# Copies		Total	$

-OR-

B. ☐ Invoice Attached

Out-of-State Court Reporter Certification

I certify that I was authorized to prepare all transcripts applicable to this invoice; that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

_____
Court Reporter Signature (Blue Ink) Date

_____
Court Reporter Printed Name

_____
Phone Number

Attorney Receipt and Certification

I have read and agree with the number of pages and copies provided, as stated above and certify 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 the 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.

_____
Court-Appointed Attorney Signature Date
OR Clerk of Court for Appeal Transcripts (Blue Ink)

_____
Printed Name

_____
Bar Number

_____
Phone Number

JAC Date Stamp

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.
Any copies produced for the benefit of the State Attorney should be billed to the State Attorney except under contract in Broward County.