

Uniform Invoice for Expert Witness Services

Invoice # _____

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

FLAIR# _____

Month/Year: _____/20____ Contract #: _____
 (Contract Expires: _____)
 Circuit: _____ Fifteenth _____ County: **Palm Beach**

Case Number: _____ Division of Court: _____ Case Type: _____

Defendant's Name: _____ Defendant's Date of Birth: _____

General Area of Expertise: (Please place a check mark in the appropriate category.)

Criminal Competency: ☐

Other Mental Health Expert: ☐

Other Expert: ☐

Expert Witness Services Provided

Date	Appearance/Activity Type	Start & Ending Times (# of hrs)	Rate (\$/hr)/Flat Fee	Total
Total				

I attest the above information is true and correct.

- ☒ Attach Copy of Judge's Order for Payment
☒ 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

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:
 2 2 2 0 1 5 0 0 1 2 7

Category:
 1 0 5 4 2 0

EO:
 C K

Object Code:
 1 3 1 8 0 0

Payment Amount:
