



## Third Judicial Circuit of Michigan Office of Budget & Finance Service Voucher

Vendor Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Last 4 Digits of EIN/SSN \_\_\_\_\_  
 Date of Invoice Submission \_\_\_\_\_  
 Invoice # or Case # \_\_\_\_\_  
 Division/Department \_\_\_\_\_

Type of Service
<input type="radio"/> Personal Service/Contractor
<input type="radio"/> Court Reporter/Per Diem
<input type="radio"/> Interpreter
<input type="radio"/> Expert Witness
<input type="radio"/> Private Investigator
<input type="radio"/> House Counsel
<input type="radio"/> WHAP Magistrate

Date of Service	Description of Services (attach supporting details as required)	Number of Hours or Quantity of Services Provided	Hourly or Flat Rate	Total Amount to be Paid

**Total**

Contractual Payment     Yes     No    If yes, contract expiration date \_\_\_\_\_

I hereby certify by signing this voucher that the services described above have been rendered to the Third Circuit Court and that no part of the same has been previously paid. *(Please sign with either a traditional or electronic signature and submit form to department for which services were provided.)*

\_\_\_\_\_  
Signature of Service Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/Deputy Court Administrator Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Court Administrator Approval/Chief Judge

\_\_\_\_\_  
Date

**\*\*\* FOR BUDGET & FINANCE USE ONLY \*\*\***

Business Unit	Object	Sub Code	Amount	Batch No.	Batch Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	Document No.	Receiver No.
_____	_____	_____	_____	Posted Date	A/P Approval
_____	_____	_____	_____	Supplier Code	_____
Budget Approvals _____					