

**LEE COUNTY VALUE ADJUSTMENT BOARD
INVOICE FOR SPECIAL MAGISTRATE SERVICES**

Invoice Date:		Please submit one hearing date per invoice	
Special Magistrate Name:		Vendor #:	
Business Name:		Invoice #:	
		<small>First InitialLast Name Date of Hearing (ex: JSmith01022017)</small>	
Mailing Address:		PO #:	
		Telephone:	
		Email:	

Shaded boxes below will autopopulate based on hours and mileage entered

Line #	Date of Service	Task	# Petitions Heard	# Parcels Heard	# Hours	# Hours x \$125.00
1		Conduct VAB Hearings				\$ 0.00
2		Prepare VAB recommendations				\$ 0.00
3		Prepare VAB recommendations				\$ 0.00
4		Prepare VAB recommendations				\$ 0.00
5		Prepare VAB recommendations				\$ 0.00
6		Prepare VAB recommendations				\$ 0.00
7		Prepare VAB recommendations				\$ 0.00
Totals for hearings/Recommendations (Sum Lines 1 - 7)					0.00	\$ 0.00
					# RT Miles	Current GSA Rate
Travel to & from hearings						\$ 0.00
Total Amount Due for this Hearing Date (Sum Lines (1-7) + Mileage)						\$ 0.00

Explain below if the total hours to "Prepare Recommendations" (Sum lines 2-7) is greater than two (2) times the number of hours to conduct hearings:
VAB Designee Written Approval of Recommendation Time Exceeding 2 x Hearing Time: (Date)

Special Magistrate Certification

I hereby certify that the information contained in this invoice is true and accurate.

Special Magistrate Signature: _____

Date Signed: _____

Please Note: Invoices will not be paid until all recommendations for the listed hearing date are completed.

Submit via mail or email no later than 30 calendar days after Hearing Date:

Mail: Lee County Clerk of Court
Accounts Payable
PO Box 2396
Fort Myers, FL 33902-2396

Email : FinanceOnBase@leeclerk.org