



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 \_\_\_\_\_ [Select one]

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 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 print, sign, 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 \*\*\*

Entry Date: \_\_\_\_\_ A/P Clerk: \_\_\_\_\_ A/P Supv: \_\_\_\_\_ Budget Approvals: \_\_\_\_\_ Check Run Date: \_\_\_\_\_

#	Fund	Cost Center	Project	Object Account	Interfund	Work Order	Function Activity	Amount
1					00000	000000000		
2					00000	000000000		
#	Project Number	Task Number	Expenditure Type	Contract Number	Funding Source			
1		Billable / Non-Billable						
2		Billable / Non-Billable						