

**JUROR EXPENSE CLAIM
 Meals, Lodging, Etc.**

AOC USE ONLY

County _____ Circuit _____
 Case Number(s) _____
 Style of Case(s) _____
 Prepared by _____ Date _____
 Telephone _____

Approved By _____
 Date _____
 Fund _____ Prog. _____
 Org. _____ Object _____
 Total Amount of Claim
 \$ _____

INSTRUCTIONS

1. Please complete one expense claim per vendor.
2. Attach all required statements and itemized invoices, signed by accompanying court attendant, bailiff, or deputy sheriff.
3. Meals are provided for sequestered jurors only and a court attendant, bailiff, or deputy sheriff.
(Section 12-16-10, Alabama Code 1975)
4. Overnight lodging provided for sequestered jurors and a court attendant, bailiff, or deputy sheriff.
*Lodging allowance: Should be obtained at a reasonable local rate with two jurors per room.
 One local telephone call per juror can be included in the lodging bill.*
5. Claims for interpreter services for jurors require an accompanying court order appointing the interpreter.
*Rates for foreign language services: \$20.00 p/hour in-court translation & mileage at the current state rate.
 Rates for hearing impaired services: Require certification documentation and should be obtained at a reasonably accepted rate set by certifying organization.*

ITEMIZED EXPENSES

Meals & Lodging for Sequestered Jurors and court attendant, bailiff, or deputy sheriff (Attach applicable invoices).
 _____ # Meals (tax exempt) for a total of \$ _____
 _____ # Persons lodged (include lodging tax) for a total of \$ _____
 Interpreter Services for Jurors (Attach applicable court orders & invoices.)
 ___ Foreign Language: _____ # of hours in-court @\$25 p/hour \$ _____
 _____ # of miles @ current state rate \$ _____
 ___ Hearing Impaired: (Certification required as set out in #5 above.) \$ _____
 Other Expenses as Specified _____ \$ _____

TOTAL CLAIM \$ _____

Make Warrant Payable to: _____
 Vendor's Name _____ /Business Telephone Number _____
 Vendor's Business Address _____
 Vendor's Federal Tax Identification Number _____

CERTIFICATION

I hereby certify, as a circuit court judge/clerk, that the above is a true and correct statement of expenses incurred during the period of _____ through _____, 20 ____, and is in accordance with applicable legal statutes and orders of the court.
 Done this the _____ day of _____, 20 ____.

 Judge/Clerk

Note: Examiners of Public Accounts will contact the official expense claim regarding audit questions.

PLEASE COMPLETE FULLY AND ATTACH ALL REQUIRED DOCUMENTATION AND APPLICABLE COURT ORDERS.

**Return to: Administrative Office of Courts
 Finance Division/Expense Accounting Section
 300 Dexter Avenue
 Montgomery, AL 36104-3741
 RETAIN A COPY FOR YOUR RECORDS**