

# NON-ATTORNEY SERVICES (Experts, Court Reporters, etc.)

Name of Hiring Attorney: \_\_\_\_\_ GLTF Number: \_\_\_\_\_  
 Style of Case: \_\_\_\_\_ v. \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Type of Service: \_\_\_\_\_  
 Name of Provider: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Person Providing Service, if Different than Above: \_\_\_\_\_  
 Business Phone: (       ) \_\_\_\_\_ Taxpayer ID#: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Date	Description of Services Provided	Hours (in tenths)	Approved Rate		Amount
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

**TOTALS**   \$  

State of \_\_\_\_\_  
 \_\_\_\_\_ County

## AFFIDAVIT

Before me, the undersigned Notary Public, in and for the said County and State, personally appeared the undersigned affiant, who is known to me and after first being duly sworn by me deposes and states under oath of as follows: that the claims for payment herewith made against the State of Alabama reflect actual services performed and/or expenses for the State of Alabama and are in all respects true and correct.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

NOTE: Attorney/Firm must provide supporting documentation of payment for services.