

**LAW ENFORCEMENT OFFICER CERTIFICATION OF WITNESS FEE  
TRAVEL AND PER DIEM ALLOWANCE  
(Sec. 92.141 and 112.061, Florida Statutes)**

<u>STATUS:</u>  MUNICIPAL EMPLOYEE		<u>TESTIFYING:</u> ○ In Court  ○ Before State Attorney	
<u>TRANSPORTATION BY:</u> ○ Marked/Unmarked Police Vehicle  ○ Private Vehicle		<u>TESTIFYING AT A TIME:</u>  Not compensated by employer	
<u>ROUND TRIP MILEAGE:</u>		<u>ZIP CODE:</u>	
<u>COURT TYPE:</u> ○ Jury Trial   ○ Non-jury   ○ Pre-trial   ○ Adjudicatory ○ Motion   ○ VOP   ○ Traffic		<u>APPEARANCE DATE(S):</u>	
<u>COURT CASE NUMBER(SUCH AS CT/CM/CF/CJ):</u>  _____		<u>POLICE REPORT #:</u>  _____	
I hereby certify that the foregoing is true and correct to the best of my knowledge and that the same conforms in every respect with the requirements of Section 92.141 and 113.061, Florida Statutes.			
<u>MILEAGE:</u>	\$ _____	<u>Mail to:</u>	
<u>WITNESS FEE:</u>	\$ _____	City of Tampa Police Department	
<u>PER DIEM:</u>	\$ _____	411 N. Franklin St.	
<u>TOTAL REIMBURSED:</u>	\$ _____	Tampa, FL 33602	
<u>Signature:</u>		<u>Print Name:</u>	
Title: _____ District: _____ Squad#: _____ Payroll #: _____			

Current IRS W-9 form is on file with the Clerk's Office. If no form is on file, I understand that this reimbursement request will not be processed.

\_\_\_\_\_  
Assistant State Attorney  
(Signature needed for payment)

**Clerk's Office Use Only**

<u>Payment Code:</u> LS	<u>Subpoena Code:</u> S2 S3 S4 S5 S6 S8
<u>Witness Person Code:</u> LC LI	<u>State Attorney Witness Aid Authorization:</u>
<u>Testify Code:</u> CN NP OT PL TS	