

**State Attorney Witness Fee and Travel Allowance**

Payment Code: RS	Subpoena Code: S2 S3 S4 S5 S6 S8	
Date of Appearance(s):	Witness Person Code: RA	
Round Trip Mileage:	Testifying Code: CN NP OT PL TS	
Witness Fee:	\$5.00	
Mileage:	\$	
Total Reimbursed:	\$	
SA Authorization:		
I do hereby certify that I served as a witness in the above entitled case. I am due compensation in accordance with Florida law.		
Witness Signature (must be signed if no witness signature on subpoena):		

SEE SUBPOENA

Assistant State Attorney  
(Signature necessary if no signature on subpoena)