



RECEIPT AND STATEMENT OF CHARGES

Bankers Insurance Company, PO Box 15707, St Petersburg, FL 33733

Received From: _____ Power No: _____

Name: _____ Date: _____

Address: _____

Expenses (itemized in detail, such as Notary Fees, Long Distance calls, Travel or other actual expenses)

Was collateral taken Yes No

If Yes: Cash Real Property Other _____

By: _____

Premium: _____
Misc. Charges: _____
Total Charges _____
Received on Account: _____
Balance _____

Cash Check _____
 VISA MasterCard _____
 Other _____

MEMORANDUM OF BAIL BOND FURNISHED

Defendant: _____ Date of Birth: _____

Appearance Date: _____ Time: _____ Court: _____ City: _____

Bond Amount: \$ _____ Case No. _____ Charges: _____

State Executed: _____ Received Above Receipt: _____

BIC9920780505



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