



RECEIPT AND STATEMENT OF CHARGES

Bankers Insurance Company, PO Box 33015, St Petersburg, FL 33733

Received From: _____

Power No: _____

Name: _____

Date: _____

Address: _____

Premium: _____

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

Misc. Charges: _____

Total Charges _____

Received on _____

Account: _____

Balance _____

Was collateral taken Yes No

If Yes: Cash Real Property Other _____

By: _____

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: _____

BIC9920781007