

COUNTY COURT\TRAFFIC VIOLATIONS BUREAU
DAILY TRANSMITTAL REPORT

Date: _____

TO: Clerk of the Circuit Court, _____, County

I hereby certify that the following fines, costs, fees, and trust items represent the total collections received on this date, as shown by the enclosed traffic tickets and copies of the official receipt numbers _____ to _____ inclusive.

Deputy Clerk of County Court\Traffic Violations Bureau
(Choose Appropriate Title)

ITEMS	AMOUNT
Payable to State:	
Court Costs	
State User Fees	
Payable to County:	
Courts Costs	
Fines and Forfeitures	
Infraction Judgments	
Administrative Fees	
Document Fees	
Misc. Fees	
Late Surrender Fees	
Vehicle License (Add Ex. Judgments)	
Overweight Vehicle Fines	
County User Fees	
Supplemental Public Defender Fees	
Special Death Benefit Fees	
GAL/CASA Fees	
Payable to Cities or Towns	
City Fines	
Town Fines	
Trust Funds (List on Reverse Side)	
TOTALS	

I hereby acknowledge receipt of the traffic tickets and copies of the official receipts submitted and verify that the amount of \$ _____ remitted with this report are true and correct.

Dated this _____ day of _____, 19 _____.

Clerk of _____ Circuit Court