

**VOUCHER FOR ATTENDANCE FEES
FOR CONTRACT COURT REPORTER**

VOUCHER NO.

DISTRICT				COURT (Check One): <input type="checkbox"/> District Court <input type="checkbox"/> Bankruptcy Court			CONTRACT NO.	
CONTRACTOR'S NAME				CONTRACTOR TAXPAYER ID NUMBER			ATTENDING REPORTER	
STREET ADDRESS				FULL-DAY RATE		HALF-DAY RATE	OVERTIME RATE	
CITY		STATE	ZIP CODE	JUDGE/COURT DESIGNEE (Optional) Signature			Date	

Date 1	Last Name of Presiding Judicial Officer 2	Statistical Code No. 3	Loc. Code No. 4	Actual Time of Reporting			Attending Rptrs (Several Court Reporters Used) 8	Claimed Compensation 9
				Morning Session 5	Afternoon Session 6	Overtime Session 7		

OTHER COMPENSATION (Travel outside contract geographical area):

1. TRAVEL—TOTAL MILES _____ x RATE _____

2. TOLLS _____

3. OTHER (Explain) _____

TOTAL

CONTRACTOR CERTIFICATION
I hereby certify that the above is a correct statement of the services performed, of expenses incurred, and of the amount due under the above contract.

SIGNATURE OF CONTRACTOR (or authorized agent)	DATE
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COURT CERTIFICATION
I hereby certify the above as correct and proper for payment.

SIGNATURE OF COURT REPRESENTATIVE	DATE
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BFY []	FUND []	BUDGET ORG. []	COST ORG. []	BOC []	CHECK NUMBER
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PAID BY	D.O.	DATE OF PAYMENT
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