## INVOICE

## FOR SERVICES RENDERED AS SHORTHAND REPORTER AT SONOMA COUNTY SUPERIOR COURT

| /ENDOR NAME   | :          |             | VENDOR #: |                             |             |                  |                  |                   |          |  |
|---|------------|-------------|-----------|-----------------------------|-------------|------------------|------------------|-------------------|----------|--|
| DATE:   |            |             |           |                             |             |                  |                  |                   |          |  |
| DATE OF<br>SERVICE  | CASE TITLE | CASE NUMBER | TYPE CODE | DATE<br>TRANSCRIPT<br>FILED | RECEIVED BY | NO. OF<br>COPIES | NO. OF<br>FOLIOS | RATE PER<br>FOLIO | Subtotal |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
|   |            |             |           |                             |             |                  |                  |                   |          |  |
| Transcript production authorized by:  |            |             |           |                             |             |                  | TOTAL CLAIMED    |                   |          |  |
| PX - Preliminary Exam CE - Certification CC - Certification CO - Change of Plea AG - Augment AP - Appeal  TC - Title, Index, Certification RS - Report & Sentence SE - Sealed, attach copy of cover sheet CO - Court Ordered (attach form 200A) OT - Other specify, attach copy of order, if applicable |            |             |           |                             |             |                  |                  |                   |          |  |
| I hereby certify upon my own personal knowledge that the above claim and the statements, items and amounts as therein set forth are true and correct, that no   |            |             |           |                             |             |                  |                  |                   |          |  |

I hereby certify upon my own personal knowledge that the above claim and the statements, items and amounts as therein set forth are true and correct, that no part thereof has heretofore been paid; that the amount paid is justly due and is presented within one year after the last item thereof has accrued.

I further certify, for purposes of complying with Section 869 of the Penal Code of the State of California, that all transcripts covered by said Penal Code have been filed within the time required by said code section with the Clerk of the Superior Court.

I certify under penalty of perjury that the foregoing in true and correct.

Executed at , California

Claimant Acknowledgement Department Approval