PAYMENT VOUCHER

	GENERAL INFO	RMATION
Vendor Name and Address	Tax I.D.	/Soc. Sec. #
Name:		
Address:	Vendor i	# :
Address:		· · · · · · · · · · · · · · · · · · ·
City-State:	Zip Code	e:
Case No C	ase Title:	
Case Type		
• •		
D . A 1	FOR ATTOR	
Date Appointed	by Judge	in Dept
Code Section	Appointed For	·
CIRCUMSTANCES OF APPOINTM Conflict PD unavailability		
Date Service Performed from	Morrison Assess	to nt Authorized
Hourly Rate	Maximum Amou	nt Authorized
☐W-9 Attached ☐ Case Print Attack	hed Order Attached	
OFFICE BILLING INVOICE OR	DECLARATION REGA	ARDING FEES MUST BE ATTACHED.
FOR I	NVESTIGATORS/INT	ERPRETERS/OTHER
		e in Dept
Code Section		
Name of Attorney		or In Pro Per
Type of Service	ır ∏Expert ∏	or In Pro PerOther:
Hourly Rate M	aximum Amount Author	rized
□ W-9 Attached □ Court Ord		
- Court Ord	er ratacied	rituelled
Verified by		
Attorney Name (printed)	Si	ignature Date
	DECLADATION DEC	ADDING FEEG MIGE BE A SEA CHED
OFFICE BILLING INVOICE OR	DECLARATION REGA	ARDING FEES MUST BE ATTACHED.
		FOR COURT USE ONLY
FEES ORDERED IN THE SUM OF	\$	Verified by For \$
		Entered into Court Record on
Signature of Judge	Date	
Signature of Judge	Date	
Signature of Judge	Date	
		IS HERETO TO BE AN ACCURATE STATEMENT
	D ANY ATTACHMEN	TS HERETO TO BE AN ACCURATE STATEMENT
I DECLARE THE FOREGOING AN	D ANY ATTACHMEN	TS HERETO TO BE AN ACCURATE STATEMENT
I DECLARE THE FOREGOING AN	D ANY ATTACHMEN	TS HERETO TO BE AN ACCURATE STATEMENT

^{*}INSTRUCTIONS FOR SUBMISSION OF PAYMENT VOUCHER Attached for Claimant's information. App. 5-1-01