



**JANINE HARRIS, CPA**  
**AUDITOR-CONTROLLER**

## VENDOR CLAIM

### AUDITOR'S OFFICE ONLY

CLAIM NO.

VENDOR NO.

WARRANT ISSUED DATE

NAME AND ADDRESS OF VENDOR

ORGANIZATION TITLE

SUPERIOR COURT OF CALIFORNIA

COUNTY OF SOLANO

600 UNION AVE., 3RD FLOOR

FAIRFIELD, CA 94533

TAX ID:

PHONE:

FAX:

ACCOUNT		# of HOURS	RATE PER HOUR	AMOUNT	EXPENSE	NOTES
KEY	OBJECT					
					SERVICES	
					Travel	
					Copy	
<b>TOTAL</b>				-		

#### CERTIFICATE OF CLAIMANT (VENDOR):

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 been paid; that the amount claimed is justly due and is presented within one year after the last item has therefore accrued.

SIGNED: \_\_\_\_\_

I hereby certify that the computations are correct and the claim is therefore approved for payment.

Auditor-Controller

BY: \_\_\_\_\_

AUDITOR-CONTROLLER

PREPARED BY:

PHONE:

04/02/25

#### CERTIFICATE OF DEPARTMENT HEAD:

I hereby certify upon my own personal knowledge that the articles or services specified in the above claim were ordered for the purpose indicated hereon; that the articles have been delivered or the services have been performed by the claimant as set forth above, with the exceptions noted.

Claim is therefore hereby approved for the sum of:

Department Head: \_\_\_\_\_

#

Instruction for submission of claims to the Superior Court of California, County of Solano.

A) The following claims are to be submitted to the Accounting Department of the Superior Court:

1. All claims for court appointed services rendered to the Superior Court.
2. Claims for appointed services rendered in cases falling under 4700PC (CMF Cases)

B) All claims submitted for payment should include the following:

1. Completed vendor claim including case name, dates of service, number of hours, Taxpayer's ID, CDC#, and Penal Code #. Sign the claim in blue ink
2. Claims should provide an itemized invoice describing services rendered and mileage. Attach original expense receipts
3. All claims for investigation and witness fees should include an endorsed copy of the court order.
4. Submit above originals and one photocopy of each: vendor claim, order, invoice, and receipts to Superior Court of California, County of Solano, 600 Union Avenue, Fairfield, CA 94533, Attention: Accounting.

### MARK "CONFIDENTIAL" FOR PC4700 CASES

The information below must be completed by the claimant:

A.) Case Title:

CDC# :

Case No.:

PC Section 4750 Subdivision(s):

Criminal Charge (PC #):

Name of appointing Judge:

Dept No.:

Date of Appt:

Did the alleged offence occur in a State Prison?

If so, Where?

B.) Court appointed Forensic Evaluator: You were appointed as a Psychologist?

Psychiatrist?

Were you appointed at the request of P.D?

D.A?

Other?

Were you appointed pursuant to 1368P.C.?

1026.P.C.?

Other?