



**PHYLLIS S. TAYNTON, CPA**  
**AUDITOR-CONTROLLER**

## VENDOR CLAIM

<b>AUDITOR'S OFFICE ONLY</b>
CLAIM NO.
VENDOR NO.
POSTING DATE

<u>NAME AND ADDRESS OF VENDOR</u>  PHONE:  FAX:  TAX ID:	ORGANIZATION TITLE <p style="text-align: center;"><b>SUPERIOR COURT</b></p>
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ITEM	FUND/ DEPT	ACCOUNT SUB OBJECT	No. Of HOURS	RATE PER HOUR	AMOUNT		TYPE EXPENSE
							SERVICES
							EXPENSES TRAVEL/COPY?
<b>TOTAL</b>							

**CERTIFICATE OF CLAIMANT (VENDOR):**  
 I hereby certify upon my own personal knowledge that the above claim and the thereof has been paid; that the amount claimed is justly due and is presented within

SIGNED: _____	Auditor-Controller  BY: _____
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PREPARED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**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: \_\_\_\_\_

Instruction for submission of claims to the Superior Court of California, County of Solano.  
 A) The following claims are to be submitted to the Fiscal Services Division 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, tax payer's ID, CDC#, Penal Code #, & number of hours. Sign the claim in blue ink  
 2. Claims should provide an itemized invoice describing services rendered and milieage. 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.

The information below must be completed by the claimant:

A.) Case Title: \_\_\_\_\_ Case No: \_\_\_\_\_  
 Penal Code # \_\_\_\_\_  
 Name of appointing Judge: \_\_\_\_\_ Dept No.: \_\_\_\_\_ Date of Appt: \_\_\_\_\_  
 Did the alleged offence occur in a State Prison? \_\_\_\_\_ Where? \_\_\_\_\_ Exam Date: \_\_\_\_\_

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 1017P.C.? \_\_\_\_\_ 1026.P.C.? \_\_\_\_\_ Other? \_\_\_\_\_