		PHYL	LIS S. TAYN	TON, CPA	AUDITOR'S OFFI	CE ONLY	
ĸ	SOLANO	AUDITOR-CONTROLLER			CLAIM NO.		
		VENDOR CLAIM			VENDOR NO.		
COUNT					POSTING DATE		
NAME A	ND ADDRESS OF	VENDOR			ORGANIZATION 1	TITLE	
			SUPERIOR COURT				
			FAX:				
			TAX ID:				
	FUND/	ACCOUNT	No. Of	RATE			TYPE
ITEM	DEPT	SUB OBJECT	HOURS	PER HOUR	AMOUNT		EXPENSE
						SERVICES	
						EXPENSES	TRAVEL/COPY?
				TOTAL			
SIGNED:				BY:			
PREPARED B	Y:		PHONE:				
			PHONE:				
CERTIFICAT I hereby certif have been de	Y: E OF DEPARTMENT HEAD fy upon my own personal kr elivered or the services have efore hereby approved for th	D: nowledge that the articles of been performed by the cl	or services specific			se indicated hereon; t	that the articles
CERTIFICAT I hereby certif have been de	E OF DEPARTMENT HEAD fy upon my own personal kr elivered or the services have	D: nowledge that the articles of been performed by the cl	or services specific			se indicated hereon; t	that the articles
CERTIFICAT I hereby certil have been de Claim is there Claim is there Instruction fr A)The follow 1. All claims 2. Claims fo B) All claims 1. Complei 2. Claims s 3. All claim	E OF DEPARTMENT HEAD fy upon my own personal kr elivered or the services have afore hereby approved for the ving claims are to be sub ns for court appointed services ren s submitted for payment ted vendor claim includin should provide an itemize ns for investigation and w	D: nowledge that the articles of been performed by the cl as sum of: 	or services specific aimant as set forth California, Coun vices Division of Superior Court. Inder 4700PC (C wing: service, tax paye prvices rendered ide an endorsed	ty of Solano. the Superior Court: MF Cases) er's ID, CDC#, Penal and milieage. Attach copy of the court ord	ions noted. Code #, & number of original expense rece er.	hours. Sign the cla	
CERTIFICAT I hereby certifi have been de Claim is there Claim is there Instruction fr A)The follow 1. All claim 2. Claims fr B) All claims 1. Complei 2. Claims fr 3. All claim 4. Submit a	E OF DEPARTMENT HEAD fy upon my own personal kr elivered or the services have afore hereby approved for th or submission of claims to ving claims are to be sub ns for court appointed services ren s submitted for payment ted vendor claim includin should provide an itemize	D: nowledge that the articles of a been performed by the cl as sum of: 	or services specific aimant as set forth California, Coun vices Division of superior Court. Inder 4700PC (C wing: service, tax paye prvices rendered ide an endorsed dor claim, order,	ty of Solano. the Superior Court: MF Cases) er's ID, CDC#, Penal and milieage. Attach copy of the court ord	ions noted. Code #, & number of original expense rece er.	hours. Sign the cla	
CERTIFICAT I hereby certil have been de Claim is there Claim is there Instruction fr A)The follow 1. All claims 2. Claims fr B) All claims 1. Complei 2. Claims s 3. All claims 4. Submit a 600 Un	E OF DEPARTMENT HEAD fy upon my own personal kr elivered or the services have afore hereby approved for th or submission of claims to ving claims are to be sub is for court appointed ser or appointed services rer is submitted for payment ted vendor claim includin should provide an itemize as for investigation and w above originals and one	D: nowledge that the articles of been performed by the cl as sum of: 	or services specific aimant as set forth California, Coun vices Division of superior Court. Inder 4700PC (C wing: service, tax paye ervices rendered ide an endorsed dor claim, order, ccounting.	ty of Solano. the Superior Court: MF Cases) er's ID, CDC#, Penal and milieage. Attach copy of the court ord	ions noted. Code #, & number of original expense rece er.	hours. Sign the cla	
CERTIFICAT I hereby certil have been de Claim is there Claim is there Instruction fr A)The follow 1. All claims 2. Claims fr B) All claims 1. Complei 2. Claims s 3. All claims 4. Submit a 600 Un	E OF DEPARTMENT HEAD fy upon my own personal kn elivered or the services have afore hereby approved for the twing claims are to be sub its for court appointed services ren is submitted for payment ted vendor claim includin should provide an itemize its for investigation and w above originals and one ion Avenue, Fairfield, C mation below must l	D: nowledge that the articles of been performed by the cl as sum of: 	or services specific aimant as set forth California, Coun vices Division of superior Court. Inder 4700PC (C wing: service, tax paye rivices rendered ide an endorsed dor claim, order, ccounting.	ty of Solano. the Superior Court: MF Cases) er's ID, CDC#, Penal and milieage. Attach copy of the court ord	ions noted. Code #, & number of original expense rece er.	hours. Sign the cla	
CERTIFICAT I hereby certil have been de Claim is there Claim is there Instruction fr A)The follow 1. All claims 2. Claims fo B) All claims 1. Complei 2. Claims s 3. All claim 4. Submit a 600 Un The inforr A.) Case	E OF DEPARTMENT HEAD fy upon my own personal kn elivered or the services have afore hereby approved for the twing claims are to be sub its for court appointed services ren is submitted for payment ted vendor claim includin should provide an itemize its for investigation and w above originals and one ion Avenue, Fairfield, C mation below must l	D: nowledge that the articles of been performed by the cl as sum of: 	or services specific aimant as set forth California, Coun vices Division of superior Court. Inder 4700PC (C wing: service, tax paye rivices rendered ide an endorsed dor claim, order, ccounting.	ty of Solano. the Superior Court: MF Cases) er's ID, CDC#, Penal and milieage. Attach copy of the court ord invoice, and receipts	ions noted. Code #, & number of original expense rece er.	hours. Sign the cla	im in blue ink
CERTIFICAT I hereby certil have been de Claim is there Claim is there Instruction ff A)The follov 1. All claims 2. Claims for 3. All claims 3. All claims 4. Submit a 600 Un The inforr A.) Case Penal	E OF DEPARTMENT HEAD fy upon my own personal kr elivered or the services have afore hereby approved for the twing claims are to be sub as for court appointed services ren is submitted for payment ted vendor claim includin should provide an itemized to investigation and w above originals and one ion Avenue, Fairfield, C mation below must l Title:	D: nowledge that the articles of a been performed by the cl are sum of: 	or services specific aimant as set forth California, Coun vices Division of superior Court. Inder 4700PC (C wing: service, tax paye rivices rendered ide an endorsed dor claim, order, ccounting.	ty of Solano. the Superior Court: MF Cases) er's ID, CDC#, Penal and milieage. Attach copy of the court ord invoice, and receipts	ions noted. Code #, & number of original expense rece er.	hours. Sign the cla	im in blue ink
CERTIFICAT I hereby certif have been de Claim is there Instruction fr A)The follow 1. All claims 2. Claims fr B) All claims 1. Complet 2. Claims s 3. All claims 4. Submit a 600 Un The inforr A.) Case Penal Name	E OF DEPARTMENT HEAD fy upon my own personal kr alivered or the services have efore hereby approved for the or submission of claims to ving claims are to be sub as for court appointed services ren is submitted for payment ted vendor claim includin should provide an itemized is for investigation and w above originals and one ion Avenue, Fairfield, C mation below must l Title: Code #	D: nowledge that the articles of a been performed by the cl as sum of: 	or services specific aimant as set forth California, Count vices Division of superior Court. Inder 4700PC (C wing: service, tax paye ervices rendered dor claim, order, ccounting. ne claimant: Ca	ty of Solano. the Superior Court: MF Cases) er's ID, CDC#, Penal and milieage. Attach copy of the court ord invoice, and receipts	ions noted. Code #, & number of original expense rece er.	hours. Sign the cla ipts California, County o	
CERTIFICAT I hereby certif have been de Claim is there Instruction fr A)The follow 1. All claims 2. Claims fo B) All claims 1. Complei 2. Claims fo 3. All claims 4. Submit a 600 Un The inforr A.) Case Penal Name	E OF DEPARTMENT HEAD fy upon my own personal kr elivered or the services have afore hereby approved for the or submission of claims to ving claims are to be sub its for court appointed services rer is submitted for payment its for investigation and w above originals and one ion Avenue, Fairfield, C mation below must l Title: Code # e of appointing Judge	D: nowledge that the articles of the sum of: 	r services specific aimant as set forth California, Coun vices Division of superior Court. Inder 4700PC (C wing: service, tax paye rvices rendered dor claim, order, ccounting. ne claimant: Ca Prison?	ty of Solano. the Superior Court: MF Cases) er's ID, CDC#, Penal and milieage. Attach copy of the court ord invoice, and receipts use No: Dept No.: Where?	ions noted. Code #, & number of original expense rece er.	hours. Sign the cla ipts California, County o Date of Appt:	
CERTIFICAT I hereby certif have been de Claim is there Instruction fr A)The follow 1. All claims 2. Claims fr B) All claims 1. Complei 2. Claims fr B) All claims 3. All claims 4. Submit a 600 Un The inforr A.) Case Penal Name B.) Court	E OF DEPARTMENT HEAD fy upon my own personal kn elivered or the services have afore hereby approved for the or submission of claims to ving claims are to be sub as for court appointed services rer is submitted for payment to ted vendor claim includin should provide an itemize is for investigation and w above originals and one ion Avenue, Fairfield, C mation below must l Title: Code # e of appointing Judge Did the alleged offen	D: nowledge that the articles of a been performed by the cl a sum of: To the Superior Court of mitted to the Fiscal Ser rvices rendered to the S indered in cases falling u should include the follow ig case name, dates of a should include the follow ig case na should include the follow	or services specific aimant as set forth California, Coun vices Division of superior Court. Inder 4700PC (C wing: service, tax paye ervices rendered dor claim, order, ccounting. ne claimant: Ca Prison?	ty of Solano. the Superior Court: MF Cases) er's ID, CDC#, Penal and milieage. Attach copy of the court ord invoice, and receipts use No: Dept No.: Where?	ions noted. Code #, & number of original expense rece er. s to Superior Court of (hours. Sign the cla ipts California, County o Date of Appt: Exam Date:	