SUPERIOR COURT OF CALIFORNIA – COUNTY OF SHASTA

# CLAIM FOR PAYMENT

Accounting use only

Vendor ID_____

Date Entered_____

Entered By_____

Accrual Date_____

CLAIMANT NAME Ralph Reporter

ADDRESS Current Address

ADDRESS Current City, State Zip

ADDRESS

| Amount | G/L Account | Cost/Fund Center | Fund | Pect | WBS | Description (30 Spaces or less) | Invoice # |
|---|---|---|---|---|---|---|---|
| 201.47 | 938701 | 456000 | 110001 | 1100 | | Purchase of Transcripts | |
| 19.18 | 938702 | 456000 | 110001 | 1100 | | Transcripts – Non-felony appeals | |
| 184.37 | 938703 | 456000 | 110001 | 1100 | | Transcripts – Felony appeals | |
| 711.00 | 938601 | 456000 | 110001 | 1100 | | Court Reporter Per Diem | |
| | 929209 | 456000 | 110001 | 1100 | | Employee Mileage @ 0.535 mile beginning 01/01/17 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | << TOTAL <<<