

STATE OF CALIFORNIA, COUNTY OF KERN  
CLAIM FOR PAYMENT - OUTSIDE VENDORS

Name of Claimant: \_\_\_\_\_

Type of Claim

Address: \_\_\_\_\_

6961 Expert Witness

\_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_

or

Federal Tax ID # \_\_\_\_\_

Telephone # \_\_\_\_\_

Date of Claim \_\_\_\_\_

**INSTRUCTIONS - PLEASE READ FULLY**

- 1 **PLEASE SUBMIT ORIGINAL AND COPY**
- 2 Claims must include the date of service, case number, and case name.
- 3 Claims must include detailed description of work
- 4 Attach a copy of the judges signed order

DATE OF SERVICE	DESCRIPTION	Dollars	Cents
Subtotal from Reverse →			
TOTAL →			

The undersigned, under penalty of perjury, states: that the above claim is true and correct; that no part thereof has heretofore been claimed or paid; that the claim is presented not later than 1 year after last court appearance or date of service.

\_\_\_\_\_  
CLAIMANT ORIGINAL SIGNATURE  
DON'T sign firm name

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LICENSE #

**BELOW FOR COURT / COUNTY USE ONLY**

Expenditure Authorized and Approved by: \_\_\_\_\_  
PRESIDING / SUPERVISING JUDGE, SUPERIOR COURT      DATE

DEPT. # 2170	CLAIM #	COMPLETION DATE	FUND # 00001	_____ Supervisor
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TITLE OF CASE & NUMBER

Audited and allowed Auditor-Controller  
By: \_\_\_\_\_  
AUDITOR - CONTROLLER DATE \_\_\_\_\_

Exp. Code	Amount
TOTAL	

