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

Name of Claimant:						Type of Cl	aim		
Address:				6961			Expert Witness		
Social Se	ecurity #								
	ax ID #								
Telephon									
24.0 0. 0									
		INSTRUCTION		SE READ F	ULLY				
		T ORIGINAL AND COF ude the <u>date of service</u> ,		hor and co	ee name				
		ude the <u>date of service,</u> ude detailed description		ibei, and ca	ise Haille.				
		the judges signed order							
DATE OF	1						_	1	
SERVICE					Dollars	Cents			
				Subtotal fi	om Reverse				
					TOTAL				
		nalty of perjury, states: t d or paid; that the claim							
or date of		a or paid, that the claim	is presen	ica not late	i illali i yoal	arter last o	очт аррса	iance	
	ORIGINAL SIGNATUI	RE		D	ATE		LICENS	SE #	
DON'T sign	firm name	BELOW FOR CO	IIDT / CC	NIMTV IIQI	- ONL V				
		BELOW FOR CO	OKI / CC	JUNIT USE	CINLI				
Expenditu	ure Authorized and								
		PRESIDI	ING / SUPI	ERVISING JU	JDGE, SUPE	RIOR COUR	T D/	ATE	
DEPT.#	CLAIM#	COMPLETION DATE	FUND #	1					
2170			00001				Superv	/isor	
				Т	ITLE OF CASE	& NUMBER			
			<u> </u>	Exp. Code	Amount				
Audited and	d allowed Auditor-Conti	roller]			
By:		<u>-</u>				1			
AUDITOR	- CONTROLLER DA	ATE				1			
						4			
				TOTAL]			

DATE OF SERVICE	DESCRIPTION	Dollars	Cents
	TOTAL		