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

Name of Claimant:_____
Address: _____
_____
_____
Social Security # _____
or
Federal Tax ID # _____
Telephone # _____
Date of Claim _____

Type of Claim
☐ 6961 Expert Witness

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 DATE LICENSE #
DON'T sign firm name

BELOW FOR COURT / COUNTY USE ONLY

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

DEPT. #	CLAIM #	COMPLETION DATE	FUND #
2170			oooo1

_____
Supervisor

TITLE OF CASE & NUMBER

Exp. Code	Amount
TOTAL	

Audited and allowed Auditor-Controller
By: _____
AUDITOR - CONTROLLER DATE _____

DATE OF SERVICE	DESCRIPTION	Dollars	Cents
	TOTAL →		