

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

Name of Claimant: _____

Type of Claim

Address: _____

7593 Medical

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 exam, case number, and case name.
3. Claims submitted for EVID 1017, PC 1026, PC 1027, and WIC 6600 must be on a separate claim form from PC 1368, PC 1369, PC 288.1
4. 300 Petitions for juvenile cases must include adult's and minor's names

DATE OF EXAM	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. # 9410	CLAIM #	COMPLETION DATE	FUND # 42925	I certify that the services invoiced herein were received
				TITLE OF CASE & NUMBER
		<u>Court Finance use only</u>		
		Exp. Code	Amount	Vendor#:
				GL#
				PECT# CC#
				FUND#: 110001
				DOC#:
		TOTAL		

Audited and allowed Auditor
By: _____
AUDITOR DATE _____

