

ED/TN FORM (Rev. 02/2013)	ED/TN VOUCHER FOR ATTENDANCE FEES FOR CONTRACT COURT REPORTER	VOUCHER NO. (Crt Rptr Use)
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CONTRACTOR'S NAME	D/B/A (if different from Contractor Name)
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STREET ADDRESS	CONTRACTOR TAX ID #:
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CITY AND STATE	ZIP CODE	FULL-DAY RATE	HALF-DAY RATE	OVERTIME RATE
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Date	Last name of Presiding Judicial Officer	Case Number	Hearing Type	Actual Time of Reporting			Name of Attending Court Reporter	Claimed Compensation
				Morning	Afternoon	Overtime Only over 8 hours		

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OTHER COMPENSATION (Travel outside contract geographical area): TRAVEL - TOTAL MILES: _____ x RATE _____	
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OTHER (Explain):	
TOTAL:	

CONTRACTOR CERTIFICATION
I hereby certify that the above is a correct statement of the services performed, of expenses incurred, and of the amount due under the above contract.

SIGNATURE OF CONTRACTOR (or authorized agent)	DATE
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COURT CERTIFICATION
I hereby certify the above as correct and proper for payment.

SIGNATURE OF COURT REPRESENTATIVE	DATE
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