PAYMENT VOUCHER
on the
Treasury of the County of Riverside

VENDOR NAME AND ADDRESS:

Name:

Address:

City/State/Zip:

County-Issued Vendor #:

Date(s) of Hearing	Case Number Case Name	Total Billable Pages	Total Folios Billable Pages x 3	Folio Rate	1 - Appeal 2 - Sent. 3 - Crt. Ordered 5 - PH 8 - 269c 9 - PH Late 1/2 price DP - Death Penalty	TOTAL
			0			$ 0.00
			0			$ 0.00
			0			$ 0.00
			0			$ 0.00
			0			$ 0.00
			0			$ 0.00
			0			$ 0.00
			0			$ 0.00
						$ 0.00

(PRINT VENDOR NAME)

(SIGNATURE OF VENDOR) (DATE)

(SIGNATURE OF COURT REPORTER SUPERVISOR/MANAGER) (DATE)

Submit this voucher to the court reporter supervisor along with the minute order.
Note to supervisor: Please forward this bill to the Riverside County Executive Office

Supervisor email addresses:

Desert Region: Laura Arthur-Kiel - Laura.Arthur-Kiel@riverside.courts.ca.gov
Mid-County Region: Olivia Hutcheson - Olivia.Hutcheson@riverside.courts.ca.gov
Western Region: Helen Lee - Helen.Lee@riverside.courts.ca.gov and Shellie Camarata - Shellie.Camarata@riverside.courts.ca.gov