THE SUPERIOR COURT OF CALIFORNIA COUNTY OF EL DORADO

PER DIEM COURT REPORTER TRANSCRIPT INVOICE

Attach a certification page and coversheet from the transcript to the invoice. You must also attach a copy of the Minute Order if the transcript was ordered on the record. Additional pages may be attached if needed.

Please submit the completed invoice and attachments to:

Email:				Mail:	Mail:			
zrussell@eldorado.courts.ca.gov				Attn: Zuza 1354 Joh	El Dorado County Superior Court Attn: Zuzana Russell, Operations Supervisor 1354 Johnson Blvd. South Lake Tahoe, CA 96150			
			REPOR	TER'S INFOR	MATION			
First Name (Print):			Last Name (Print):			Date:		
CSR Number:			Invoice Number:			Email:		
Address:						<u> </u>		
			CAS	SE INFORMAT	ΓΙΟΝ			
Case Name:								
Case Number:			Department No.:			Judge:		
			TRANS	CRIPT INFOR	MATION			
Date(s):	Description:	Pages:		Rate:	Folios:	Amount:	On Appeal:	
							☐ Yes ☐ No	
							☐ Yes ☐ No	
							☐ Yes ☐ No	
							☐ Yes ☐ No	
TOTAL AMOU	INT DUE: \$		·					
I declare under listrue and corre			4 1	of the Ctate of	California that	the information t	hat I have provided	
is true and corre	ect.	y und	er the laws (or the State of	Calliornia triat	the information t	nat i nave provided	
Date	penaity of perjur	y und	er the laws (nature	THE INITIALION OF	nat i nave provided	