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@eldoradocourt.org				Attn: Zuz 1354 Joh	El Dorado County Superior Court Attn: Zuzana Russell, Operations Supervisor 1354 Johnson Blvd. South Lake Tahoe, CA 96150			
REPORTER'S INFORMATION								
First Name (P	rint):		Last Name (Print):			Date:		
CSR Number:			Invoice Number:			Email:		
Address:								
CASE INFORMATION								
Case Name:								
Case Number:			Department No.:			Judge:		
TRANSCRIPT INFORMATION								
Date(s):	Description:	Pag	es:	Rate:	Folios:	Amount:	On Appeal:	
							☐ Yes ☐ No	
							☐ Yes ☐ No	
							☐ Yes ☐ No	
							☐ Yes ☐ No	
TOTAL AMOUNT DUE: \$								
I declare under is true and corre		y und	er the laws	of the State of	California that	the information t	hat I have provided	
Date			Signature					
			Judge's Signature (If Ordered)					