THE SUPERIOR COURT OF CALIFORNIA COUNTY OF EL DORADO

PER DIEM COURT REPORTER INVOICE

Please submit the completed invoice to: Email:				Mail:		
zrussell@eldoradocourt.org				El Dorado County Superior Court Attn: Zuzana Russell, Operations Supervisor 1354 Johnson Blvd. South Lake Tahoe, CA 96150		
			REPORTE	R'S INFORMATION		
First Name (Print):			Last Name (Print):		Date:	
CSR Number:			Invoice Number:		Email:	
Address:		1			1	
			CASE	INFORMATION		
Type of Ca	se/Matter:					
		AP	PEARANCE	FEE ONLY/PER D	IEM:	
Date(s): Department: Judge:						
		½ Day \$300.00		\$		
		Full D \$600.	00	\$		
		X \$0.6	67 per mile	\$		
TOTAL AM	OUNT DUE: \$					
I declare und is true and co		y under	the laws of t	he State of California	that the information that I	have provided
Date				Signature		

Optional Use Local Form AC-04 Revised: 05/17/24