COURT REPORTER TRANSCRIPT INVOICE

Billed to: Superior Court, County of San Luis Obispo
1035 Palm Street, Room 385, San Luis Obispo, CA 93408

Invoice Date _____ Invoice Number _____

Vendor Name	
Remittance Address	
Phone Number	

Line	Court Date	Case #	Party last name, first initial	Proceeding Type	# pages	Folios (#pgs x 2.8)	Copies	$ DUE FOR TRANSCRIPT
1								
2								
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						INVOICE TOTAL $		

I HEREBY CERTIFY that this invoice and the items and amounts are true and correct.

_____

VENDOR SIGNATURE **DATE**

SUPERVISING COURT REPORTER: _____ DATE: _____

COURTROOM OPERATIONS DIRECTOR: _____ DATE: _____

ASSISTANT CEO: _____ DATE: _____

FISCAL: _____ DATE: _____

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