

STATEMENT FOR PAYMENT OF SUBSTITUTE
REPORTING SERVICES

In the absence of _____, official court reporter for
Judge _____ of the _____ County District Court;
I served as substitute a reporter as detailed below:

Date of Service:	_____	\$ _____	
	Parking:	\$ _____	(____ Receipt Attached)
	Mileage:	\$ _____	(____ miles @ \$____)
Date of Service:	_____	\$ _____	
	Parking:	\$ _____	(____ Receipt Attached)
	Mileage:	\$ _____	(____ miles @ \$____)
Date of Service:	_____	\$ _____	
	Parking:	\$ _____	(____ Receipt Attached)
	Mileage:	\$ _____	(____ miles @ \$____)
Date of Service:	_____	\$ _____	
	Parking:	\$ _____	(____ Receipt Attached)
	Mileage:	\$ _____	(____ miles @ \$____)

Total Claimed: _____ Date: _____

Name: _____

St/NE Payee Number: _____

Address: _____

Ph: _____ Fax: _____ Email: _____

Reporter's Signature:

Judge's Signature:

Printed Name:

Printed Name:
