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 @ $0.540)
Date of Service: _____ $_____
Parking: $_____ (_____Receipt Attached)
Mileage: $_____ (_____miles @ $0.540 )
Date of Service: _____ $_____
Parking: $_____ (_____Receipt Attached)
Mileage: $_____ (_____miles $0.540 )
Date of Service: _____ $_____
Parking: $_____ (_____Receipt Attached)
Mileage: $_____ (_____miles @ $0.540 )
Date of Service: _____ $_____
Parking: $_____ (_____Receipt Attached)
Mileage: $_____ (_____miles @ $0.540 )

Total Claimed: _____ Date: _____

Name: _____

St/NE Payee Number: _____

Address: _____

_____

_____

Ph: _____ Fax: _____ Email: _____

Reporter's Signature:

_____

Printed Name:

_____

Judge's Signature:

_____

Printed Name:

_____