

STATE OF CALIFORNIA, COUNTY OF KERN  
CLAIM FOR PAYMENT - OUTSIDE VENDORS

Name of Claimant: \_\_\_\_\_

Type of Claim

Address: \_\_\_\_\_

7593 Medical

\_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_

or

Federal Tax ID # \_\_\_\_\_

Telephone # \_\_\_\_\_

Date of Claim \_\_\_\_\_

**INSTRUCTIONS - PLEASE READ FULLY**

1. **PLEASE SUBMIT ORIGINAL AND COPY**
2. Claims must include the date of exam, case number, and case name.
3. Claims submitted for EVID 1017, PC 1026, PC 1027, and WIC 6600 must be on a separate claim form from PC 1368, PC 1369, PC 288.1
4. 300 Petitions for juvenile cases must include adult's and minor's names

DATE OF EXAM	DESCRIPTION	Dollars	Cents
Subtotal from Reverse →			
TOTAL →			

The undersigned, under penalty of perjury, states: that the above claim is true and correct; that no part thereof has heretofore been claimed or paid; that the claim is presented not later than 1 year after last court appearance or date of service.

\_\_\_\_\_  
CLAIMANT ORIGINAL SIGNATURE  
DON'T sign firm name

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LICENSE #

**BELOW FOR COURT / COUNTY USE ONLY**

Expenditure Authorized and Approved by: \_\_\_\_\_  
PRESIDING / SUPERVISING JUDGE, SUPERIOR COURT      DATE

DEPT. # 9410	CLAIM #	COMPLETION DATE	FUND # 42925	I certify that the services invoiced herein were received
TITLE OF CASE & NUMBER				
Audited and allowed Auditor		<u>Court Finance use only</u>		
By: _____		Exp. Code	Amount	Vendor#:
AUDITOR DATE _____				GL#
				PECT#                  CC#
				FUND#: 110001
		TOTAL		DOC#:

