

ORDER FOR PAYMENT OF VISITING DEPUTY COURT REPORTER FEES MONTGOMERY COUNTY, TEXAS

PERSONAL INFORMATION

Printed Name: _____

Mailing Address: _____

Telephone: _____

This is to certify that, pursuant to the pertinent law, _____, a certified Shorthand Reporter, has performed the duties of Deputy Court Reporter as prescribed by law for the _____ Court of Montgomery County, Texas, on the days specified below and is therefore due the sum indicated below.

Name of Official Court Reporter _____

Reason for appointment of substitute Court Reporter (check as appropriate):

_____ Vacation

_____ Illness

_____ Dual Court Operations

_____ Other (Please specify) _____

PAYMENT INFORMATION

Date(s) of Service (Specify each day): _____

Total Number of Days _____

Mileage (If applicable): _____

Approved Daily Rate \$ _____

Miles @ \$0.58.5/per mile \$ _____

TOTAL FEE:

Signature of Certified Shorthand Reporter

Date

Approved as to qualifications of Certified Shorthand Reporter, authority for services performed, and accuracy and validity of claim submitted above:

Signature of Presiding Judge _____

Date _____