



# eInvoice Court Reporter

Date Submitted:

Payee:  Vendor Number:  E-mail Address:

Invoice Number:  Vendor Office Phone Number:  Vendor Cell Phone Number:

Client Name: (Last Name, First Name)  Case Number:

Capital Case:  Pro Per Case:  Counsel:  Has Counsel received transcripts?

Date of Approval:  Date of Proceeding:  Description of Proceeding:

Appellate Transcripts:  Rate per Page:  # of Pages:  # of Copies:  Appellate Total:

Non Appellate Purpose:  Rate per Page:  # of Pages:  # of Copies:  Non-Appellate Total:

Invoice Total:



## OCC Administration Only

Payment Voucher #:  Fund:  Agency:  Low Org.:  Activity:  Object:  Sub Obj.:  Reporting Cat.:

Purchase Order #:  Alternate Invoice #:  Payment Memo:  Approved Total:

Accounting Specialist Comments:  Accounting Specialist:

Director Comments:  Director Signature:

Finance Manager Comments:  Finance Manager Signature: