ED/TN FORM (Rev. 10/2023)	**ED/TN VOUCHER FOR ATTENDANCE FEES FOR CONTRACT COURT REPORTER AND INTERPRETERS**	VOUCHER NO. (Crt Rptr/Interp. Use)

CONTRACTOR'S NAME	D/B/A (if different from Contractor Name)
STREET ADDRESS	CONTRACTOR TAX ID #:

CITY AND STATE	ZIP CODE	FULL-DAY RATE	HALF-DAY RATE	OVERTIME RATE

Date	Last name of Presiding Judicial Officer	Case Number	Hearing Type	Actual Time of Reporting			Name of Attending Court Reporter/ Interpreter	Claimed Compensation
				Morning	Afternoon	Overtime Only over 8 hours		

OTHER COMPENSATION (Travel outside contract geographical area): TRAVEL - TOTAL MILES: _____ x RATE _____	$ 0.00
OTHER (Explain):	$ 0.00
TOTAL:	**$ 0.00**

CONTRACTOR CERTIFICATION

I hereby certify that the above is a correct statement of the services performed, of expenses incurred, and of the amount due under the above contract.

SIGNATURE OF CONTRACTOR (or authorized agent)	DATE

COURT CERTIFICATION

I hereby certify the above as correct and proper for payment.

SIGNATURE OF COURT REPRESENTATIVE	DATE