

# COURT REPORTER TRANSCRIPT INVOICE

Billed to: Superior Court, County of San Luis Obispo  
1035 Palm Street, Room 385, San Luis Obispo, CA 93408

Invoice Date \_\_\_\_\_

Invoice Number \_\_\_\_\_

Vendor Name	
Remittance Address	
Phone Number	

Line	Court Date	Case #	Party last name, first initial	Proceeding Type	# pages	Folios (#pgs x 2.8)	Copies	\$ DUE FOR TRANSCRIPT
1								
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**INVOICE  
TOTAL \$**

I HEREBY CERTIFY that this invoice and the items and amounts are true and correct.

\_\_\_\_\_  
**VENDOR SIGNATURE**

\_\_\_\_\_  
**DATE**

SUPERVISING COURT REPORTER: \_\_\_\_\_

DATE: \_\_\_\_\_

COURTROOM OPERATIONS DIRECTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

ASSISTANT CEO: \_\_\_\_\_

DATE: \_\_\_\_\_

FISCAL: \_\_\_\_\_

DATE: \_\_\_\_\_