STANISLAUS COUNTY SUPERIOR COURT STATE OF CALIFORNIA

Claim of:			Date:	
Address:				
	ical/Psychiatric Services Case No: Case Name: Date of Exam: Hearing Date:			
Report req	uested by: Public Defender District Attorney	Appointed Counsel Courts		Other (specify)
Appointed .	under code section: PC 1368 PC 26 W&I 707 Other (specify) W&I 3050-51	PC 1026-27 PC457 EC1017 Jail		PC288.1 FC7820/7 NGI OTHER Office (please check one)
Appointed	Testimony:Office Standby:by: Judge:	hrs. hrs.	\$ Dept#	_
	rical Use Only) Report Filed:			
that no par	CERTIFY that the above claim and th thereof has been heretofore paid; that item thereof has accrued. Claimant			
	CLAIMANT DO NOT	WRITE IN THE SPACES	BELOW THIS	LINE
		SAP CODING STRIP		
VENDO	SAP DOCUMENT NUMBER	,	110001 FUND	50 PLANT
VENDOR NUMBER:		INV NO:		
LINE 1	COST CENTER 502160	939002	NT	AMOUNT
	Authorized Court Signature			