

IN THE COUNTY COURTS OF EL PASO COUNTY, TEXAS

STATE OF TEXAS
VS

CAUSE No.

ATTORNEY _____
ADDRESS _____
EMAIL ADDRESS _____

FOR COUNTY AUDITOR'S OFFICE ONLY		
Atty Fee Number		Date Entered
Vendor Number		
Trans Code:	200	
Index & Sub-Obj:	COUNCIL - 6856	

CLAIM FOR SERVICES OR EXPENSES				
Date	Service IN Court	\$90.00	Time	This area for Auditor use only
	TOTAL IN COURT TIME			
	TOTAL CLAIM			

Date	Service OUT Of Court	\$75.00	Time	This area for Auditor use only
	TOTAL OUT COURT TIME			
	TOTAL CLAIM			
	Grand Total Claim			

Date	COURT APPROVED REIMBURSABLE EXPENSES	Amount	**Note** All receipts for reimbursable items must be attached Total Expenses: _____

ATTORNEY CERTIFICATION	ORDER APPROVING PAYMENT
I swear and affirm the truth and correctness of the above statement. I CERTIFY THAT I HAVE NOT SUBMITTED ANY OTHER VOUCHER ON THIS CASE OR; I CERTIFY I HAVE FILED A VOUCHER FOR: _____ ATTORNEY SIGNATURE _____ STATE BAR No. _____ Date of Appointment _____	<p style="text-align: center;">The above voucher is approved to the amount of:</p> <p style="text-align: center;">_____</p>
	JUDGE: _____ DATE: _____ Excess payment approval
	JUDGE: _____ DATE: _____

I further certify that no other funds from any other source have been received as payment on this case.
 I further certify that any other funds received from any other source in payment on this case are fully disclosed and attached.

Voucher for services on criminal cases must be submitted within 45 days after final court appearance.

Date	Service IN Court	Time	This area for Auditor use only
	TOTAL IN COURT TIME		

Date	Service OUT Of Court	Time	This area for Auditor use only
	TOTAL OUT OF COURT TIME		