

CLAIM FOR ADDITIONAL COMPENSATION

1. Payee ID number	2. Document number
--------------------	--------------------

3. Agency number 241	4. Agency name Comptroller's Judiciary Section	5. Document date
--------------------------------	--	------------------

6. Payee name / address	<p>You have certain rights under Ch. 559, Government Code, to review, request, and correct information we have on file about you. Contact Comptroller Judiciary at 1-800-531-5441, extension 6-5985.</p>
-------------------------	---

7. SFX	APPN	FUND	TC	PCA	AY	COBJ	Amount	R
001	13003	0001	225	00322		7025		
002	13003	0001	225	00322		7025		

8. STATE OF TEXAS,

County of _____
(COUNTY IN WHICH YOU RESIDE)

I make claim against the State of Texas for the \$25 per diem, provided under TEX. REV. CIV. STAT. ANN. art. 74.061 (F), for holding court in the following Appellate, District Courts, or County Courts at Law on the following days, under a Chapter 74 Government Code assignment made by the Honorable, _____, Presiding Judge / Chief Justice of the _____ Administrative Judicial Region of Texas / Court of Appeals.

MONTH / YEAR	DATE	COURT	COUNTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL DAYS _____ days at \$25 per diem _____ \$ _____

I swear that the per diem amount claimed, \$ _____, is unpaid and that this claim has been examined by me and to the best of knowledge and belief is true and correct.

sign here _____ Claimant

Approved for payment **sign here** _____ Presiding Judge / Chief Justice
 _____ Administrative Judicial Region / _____ Court of Appeals

9. Contact name	Phone (area code and number)	10. Entered by
-----------------	------------------------------	----------------

11. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act.

Approved sign here	Phone (Area code and number)	Date
---------------------------	------------------------------	------