



Superior Court of California
County of San Francisco

REPORTER'S CERTIFICATE OF COMPLETION AND
REQUEST FOR DISBURSING FUNDS
(PURSUANT TO APPELLATE RULES, CRC 8.130 and CRC 8.834)

Name of Claimant (please print): _____

Address of Claimant: _____

Case Number: _____

Case Name: _____

Receipt Number: _____

Date Transcript(s) Filed with San Francisco Superior Court: _____

Date Appeal was Abandoned or Dismissed: _____

Amount Requested for Payment: _____

Amount Requested for Return to Depositor: _____

Additional Funds to be Paid by Depositor (if applicable): _____

I hereby certify under penalty of perjury that I have prepared and/or filed the Reporter's
Transcript on Appeal in the above-entitled case as required by the Rules on Appeal; that there was
the deposited sum of \$_____ for my portion of Reporter's Transcript on Appeal, a copy of the
Clerk's notice to reporter to prepare transcript of same being attached hereto.

CHOOSE AND COMPLETE ONE:

- I hereby request the sum of \$_____ to be paid to me as per the attached invoice and that
the balance of \$_____ be returned to the depositor.
I hereby request the sum of \$_____ to be paid to _____(Vendor's Name)
as per the attached invoice and that the balance of \$_____ be returned to the depositor.
(Note: Must attach copy of Vendor's W-9 Form.)

Date: _____

Signature of Claimant

Send completed form with your invoice and a copy of the Clerk's notice to reporter to prepare
transcript attached to: San Francisco Superior Court, 400 McAllister Street, Room #103, San
Francisco, CA 94102, Attn: Accounting Dept.

COURT ACCOUNTING DEPARTMENT USE ONLY

- Approved
Denied Reason: _____
Additional Funds to be Paid by Depositor: _____

415-551-5718

400 McAllister Street, Room 103
San Francisco, CA 94102-4514
Attention: Accounting

FAX 415-551-3801