Appendix B NVOICE				Date		Invoice No.	
**County Fiscal Office or Name Address City, State Zip Code				FROM: Name Address City, State Zip Code  Vendor No./Other identifier:			
DATE OF PROCEEDING (/)	NAME OF JUDGE AND COURT	CASE NUMBER	TYPE OF PROCEEDING	INVOICE CODE	# DAYS	# PAGES	TOTAL
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		-		<u> </u>			•
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xplanation of Other:*  INVOICE TOTAL							
	formation provided is true and correct and in compliance		of Georgia Fees for Services by	Official Court Repo	orters.		
pproved by (Name)Signature							

## **INVOICE CODES AND FEES**