

**VISITING JUDGE**

COUNTY OF \_\_\_\_\_

REQUEST FOR PAYMENT

DATE: \_\_\_\_\_

PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DEPT: \_\_\_\_\_ VISITING JUDGES ENFORCEMENT \_\_\_\_\_

DATES: \_\_\_\_\_ DESCRIPTION:

\_\_\_\_\_ SERVING UNDER ASSIGNMENT AS JUDGE

NO OF DAYS: \_\_\_\_\_ \_\_\_\_\_ DISTRICT COURT

**FOR AUDITORS USE ONLY**

**DEPT#** \_\_\_\_\_

**2330** COUNTY SUPPLEMENT  
PER DIEM (IF APPLICABLE)

\_\_\_\_\_

**DEPT #** \_\_\_\_\_

**6180** MILEAGE, PARKING, AIRFARE,  
MEALS, HOTEL

\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**APPROVED BY:**

ASSIGNED JUDGE

PRESIDING JUDGE  
FIRST A. J. R.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SOCIAL SECURITY # (REQUIRED)

