## UNITED STATES DISTRICT COURT – DISTRICT OF NEBRASKA Contract Court Reporter Statement of Services

Name/Firm (Payee):_		Invoice #:				
Soc Sec/Tax ID # (Pa	yee):	E	-Mail:			
Phone:	Fax:					
Court Reporting:						
Case Number	Case Caption	Judge	Date	Time: (From)	Time: (To)	Total Hours
	Full Days					
	0	Half Days Overtime		@ \$		
		cellation Fee				
	0011		ψ	Total \$		
Travel Expenses (if ap	plicable):					
				Total \$		
	ed court reporting service. rt Reporter Statement of W		ve, and that the s	fees charged are i	n accordance w	ith the District of
Court Reporter Signature			Total Amount Claimed \$ Date			
Court Reviewer Signatu	re		Date			
Mail Invoice to:			Forms and C	Court Plans located	at <u>www.ned.usc</u>	ourts.gov

Last Revision Date: 9/3/2014