

From: \_\_\_\_\_  
 Law Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

To: **ARBITRATION OFFICE: Attn: ADR Clerks 408-882-2100 X2410**  
 Re:  ARBITRATION  CIVIL EARLY SETTLEMENT CONFERENCE

**Invoice Amount: \$150.00**

Services Rendered for:

Case Name: \_\_\_\_\_ Case#: \_\_\_\_\_

The hearing commenced on \_\_\_\_\_ and took \_\_\_\_\_ day(s)

- Arbitration Award was rendered on \_\_\_\_\_
- Case was settled on \_\_\_\_\_
- Notice of Settlement filed on \_\_\_\_\_
- Case did not settle.

\_\_\_\_\_  
 Vendor #                      Claimant Signature                      Date                      Approved by

*A vendor number is required to process your payment. It is located on the top left hand corner of the check stub if you have previously been paid by the Court. If you do not have a vendor number, you must submit a W-9 form so that one can be requested. If the Court doesn't have a vendor number or W-9 form your payment will be delayed until one is received.*

**(FOR ACCOUNTING USE ONLY)**

GL ACCOUNT: 939102 COST CENTER: 434012 FA: 1220 FUND: 110001										
DOCUMENT #:										
DOCUMENT ENTERED BY & DATE:										
DOCUMENT AMOUNT	\$									
COMMENTS:										
REVIEWED BY & DATE:										
PAYMENT APPROVAL & DATE:										