

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:										