Fees Approved

Month October **Year** 2016

Appellate, Justice and Municipal Courts

									If greater than $1,000	
Name of Judge/Master/Referee Approving Payment	**Case Number**	**Case Style**	**State Bar No.**	**Name of Person Appointed**	**Position to Which Appointed (select one)**	**Date of Approval of Fee**	**Source of Fee (select one)**	**Amount Approved**	**No. Hours Billed**	**Amount of Billed Expenses**
JUDGE JO ANN DELGADO JP2-1									0	0

This form is for tracking purposes only and will not be accepted as a monthly report. The information must be entered into the reporting database.