

COURT REPORTER SUPPLY REQUISITION FORM

Please ship the requested supplies to the following address:

Name of Reporter

Reporter's Signature

Address

Date of Request

Please include the quantity needed.	
<input type="radio"/> Audio Cassette Tapes _____	<input type="radio"/> Stenopads _____
<input type="radio"/> Transcript Covers _____	<input type="radio"/> Headsets/Foot Pedals _____
<input type="radio"/> Tape Storage Envelopes _____	
<input type="radio"/> Exhibit Labels _____	
FORMS:	
<input type="radio"/> Event Logs _____	
<input type="radio"/> Supply Requisition _____	
<input type="radio"/> Request for Payment in Indigent Matter _____	
<input type="radio"/> Request for Payment by Auxiliary Reporter _____	
<input type="radio"/> Official Court Reporter Monthly Work Report _____	
<input type="radio"/> Claim for Travel & Miscellaneous Office Expenses/Judicial Travel Policies _____	

***ALL REQUESTS FOR EQUIPMENT AND/OR ITEMS NOT LISTED ABOVE SHOULD BE SUBMITTED FOR PRIOR APPROVAL BY THE AOC.**