

# Claim for Additional Compensation

1. Texas identification number					2. Document number					
3. Agency number <b>241</b>		4. Agency name <b>Comptroller's Judiciary Section</b>					5. Document date			
6. Payee name / address								<p><i><b>You have certain rights under Ch. 559, Government Code, to review, request, and correct information we have on file about you. Contact Comptroller Judiciary at 1-800-531-5441, extension 6-5985.</b></i></p>		
7. SFX <b>001</b>	APPN <b>13003</b>	FUND <b>0001</b>	TC <b>225</b>	PCA <b>00322</b>	AY	COBJ <b>7025</b>	Amount		R	
7. SFX <b>002</b>	APPN <b>13003</b>	FUND <b>0001</b>	TC <b>225</b>	PCA <b>00322</b>	AY	COBJ <b>7025</b>	Amount		R	
8. STATE OF TEXAS										
County of _____ <small>(COUNTY IN WHICH YOU RESIDE)</small>										
I make claim against the State of Texas for the \$25 per diem, provided under TEX. REV. CIV. STAT. ANN. art. 74.061 (F), for holding court in the following Appellate, District Courts, or County Courts at Law on the following days, under a Chapter 74 Government Code assignment made by the Honorable, _____, Presiding Judge / Chief Justice of the _____ Administrative Judicial Region of Texas / Court of Appeals.										
<u>MONTH / YEAR</u>		<u>DATE</u>		<u>COURT</u>		<u>COUNTY</u>				
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_____		_____		_____		_____				
TOTAL DAYS _____ days at \$25 per diem _____ \$ _____										
I swear that the per diem amount claimed, \$ _____, is unpaid and that this claim has been examined by me and to the best of knowledge and belief is true and correct.										
<b>sign here</b> _____ Claimant										
Approved for payment <b>sign here</b> _____ Presiding Judge / Chief Justice _____ Administrative Judicial Region / _____ Court of Appeals										
9. Contact name					Phone (area code and number)		10. Entered by			
11. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act.										
<b>sign here</b>					Phone (Area code and number)		Date			