

## **ATTACHMENT A: SERVICES PERFORMED**

(Attorney of Record or Vendor seeking compensation for services performed must be the party completing and signing this form.  
Signature of the Attorney of Record or Vendor does not obligate the Court and/or County to pay all of the requested fees.)

CASE TITLE:

CASE NUMBER:

(Include detail required by FCSC General Claim Processing Practices, including number of pages read & reviewed.)  
(If mileage is requested by experts or investigators, include on this form, on a separate line.  
Place of origin and destination must be included for mileage requests.)

DATE OF SERVICE	SERVICES	RATE	HOURS	MILES	AMOUNT
<b>TOTAL</b>					

I am the Attorney of Record or Vendor in this matter. I have reviewed this form and represent that the amount requested is reasonable considering the nature and complexity of this case.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Vendor Submissions of Claims:** I am the Attorney of Record and have reviewed and approved the above claim for submission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name