

ERO Appearance Fee Invoice/Supreme Court Administrative Order

NOTE TO SUBSTITUTE COURT REPORTER

All untranscribed notes and/or tapes used to take the record **must** remain in the courthouse where the action took place. The notes should be left in the office of the official court reporter, or with the judge's secretary for safekeeping until the official court reporter returns to work. The official court reporter will log and store these notes in the same storage area at the courthouse where their own notes are stored. The retention of these items is mandatory. [It is the responsibility of the official court reporter to make sure all substitute court reporter notes and/or tapes are retained at the courthouse.]

If you previously reported proceedings in circuit court and you did not leave your notes, please return your notes to the courthouse as soon as possible. If you have questions concerning this procedure, contact the Office of the Clerk at 304-558-2601.

THIS INVOICE DOES NOT GO THROUGH THE CIRCUIT CLERK

Substitute ERO **MUST** obtain the circuit judge's signature.

For payment, forward INVOICE to: accounting@courtsww.gov

IMPORTANT: Please send a completed W-9 form with your invoice if you have not previously worked for the Supreme Court, if your name has changed since you last worked for us, or if your address has changed since you last worked for us. The State Auditor will not process an invoice if the name or address on the invoice does not match the W-9 on file with the State.

ERO/Payee: _____

Address: _____

Vendor I.D.: _____ Invoice No.: _____

- * If assignment was cancelled within one day, and you did not work another court reporting job, you will be paid for four hours. Insert name of county where you would have worked.
- * If you remained on call, you will be paid for the number of hours you were on call. Insert name of county where you would have worked.

****Note: Motel/Hotel**—If you traveled more than 50 miles from home, the Court will reimburse you for single-occupancy. Ask for government rate, if available. We cannot reimburse without motel/hotel receipt. Meals are reimbursable at \$30.00 per day **WITH OVERNIGHT STAY ONLY**. Meal receipt not required. The Court does not pay for meals with same-day return. **Receipts must be attached for Motel/Hotel.**

List all Counties Worked on this Date	Date Worked	* Total Hours Worked	\$8.75 per hr x Hours Worked	Total Miles Traveled	.655 per mile (effective 1/1/23 x Miles Traveled)	* See above Note.				Daily Total
						Parking	Tolls	Hotel	Meals	
Counties Worked	Date Worked_1	Hours	Hours x \$8.75	Miles		Parking	Tolls	Hotel	Meals	
Mileage Breakdown is Required for Mileage Reimbursement. Insert town/city where your trip began, town/city where you worked, and number of miles traveled between towns. If you traveled to a second county on the same date, insert town/city where your 2nd trip began, town/city where you worked, number of miles traveled, etc.						Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____				
Counties Worked	Date Worked_2	Hours	Hours x \$8.75	Miles		Parking	Tolls	Hotel	Meals	
Mileage Breakdown is Required for Mileage Reimbursement. Insert town/city where your trip began, town/city where you worked, and number of miles traveled between towns. If you traveled to a second county on the same date, insert town/city where your 2nd trip began, town/city where you worked, number of miles traveled, etc.						Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____				
Counties Worked	Date Worked_3	Hours	Hours x \$8.75	Miles		Parking	Tolls	Hotel	Meals	
Mileage Breakdown is Required for Mileage Reimbursement. Insert town/city where your trip began, town/city where you worked, and number of miles traveled between towns. If you traveled to a second county on the same date, insert town/city where your 2nd trip began, town/city where you worked, number of miles traveled, etc.						Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____				
Counties Worked	Date Worked_4	Hours	Hours x \$8.75	Miles		Parking	Tolls	Hotel	Meals	
Mileage Breakdown is Required for Mileage Reimbursement. Insert town/city where your trip began, town/city where you worked, and number of miles traveled between towns. If you traveled to a second county on the same date, insert town/city where your 2nd trip began, town/city where you worked, number of miles traveled, etc.						Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____				
Counties Worked	Date Worked_5	Hours	Hours x \$8.75	Miles		Parking	Tolls	Hotel	Meals	
Mileage Breakdown is Required for Mileage Reimbursement. Insert town/city where your trip began, town/city where you worked, and number of miles traveled between towns. If you traveled to a second county on the same date, insert town/city where your 2nd trip began, town/city where you worked, number of miles traveled, etc.						Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____ Traveled From: _____ To: _____ Miles: _____				

Circuit Judge Approval and Signature

Substitute ERO performed in the absence of _____, who is the official court reporter for Judge _____.

Signature of Circuit Judge: _____ Date: _____

\$ _____
Invoice Total

af_inv_5_days_ERO

[Updated 1/1/23]