

COMPTROLLER JUDICIARY APPORTIONMENT VOUCHER

Position title						DOCUMENT AMOUNT	DOCUMENT NUMBER
AGY	COBJ	TC	FUND	AY	PCA		
241	7622	225	0001				

• DO NOT WRITE IN SHADED AREAS •

Payee name / address for warrant or direct deposit notification (Please type)

Texas identification number

Dates covered on this voucher
 From: To:

Mail completed form to: COMPTROLLER JUDICIARY
 P.O. Box 13528
 Austin, TX 78711-3528

One-third of annual amount becomes available in September, January, and May.
 The state fiscal year runs from September through August.

Contact Judiciary Staff at: (800) 531-5441, ext. 6-5985

EMPLOYEE NAME	POSITION TITLE	AMOUNT FOR DATES COVERED

TOTAL SALARIES FROM REVERSE SIDE OR ADDITIONAL PAGES

OFFICE EXPENSES (Please specify, i.e., rent, utilities, office supplies, lease of computers, copiers, etc.)	

You have certain rights under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or toll-free number listed on this form.

TOTAL OFFICE EXPENSES (from reverse side)	
TOTAL TRAVEL FOR STAFF (from reverse side)	
GRAND TOTAL FOR DATES COVERED	

CERTIFICATION

I, _____, hereby certify that I am the (Complete appropriate blank.)
PRINT NAME

District Attorney of the _____ Judicial District or the
 County Attorney of _____ County or the
 Criminal District Attorney of _____ County

I further certify that the account is true, correct and unpaid.

sign here _____ Date _____

Person to contact regarding information on this form	Contact phone number	Contact e-mail address
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I approve this voucher for payment. The above goods or service 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 Appropriation Act.

AUDITED BY:	Date
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COMPTROLLER JUDICIARY APPORTIONMENT VOUCHER

DOCUMENT NUMBER

Dates covered on this voucher	
From:	To:

ADDITIONAL EMPLOYEES	POSITION TITLE	AMOUNT FOR DATES COVERED
TOTAL ON THIS SIDE FOR SALARIES		

OFFICE EXPENSES	AMOUNT FOR DATES COVERED
TOTAL ON THIS SIDE FOR OFFICE EXPENSES	

NAMES / TITLE OF OFFICE STAFF THAT TRAVELED	AMOUNT FOR DATES COVERED
TOTAL FOR TRAVEL	