

# Regular Check

**Requestor and Attorney:** seh/NPJ  
**Date of Check Request:** April 20, 2011  
**Date Check Needed:** April 20, 2011  
**Time Needed:** 3:30 p.m.  
**Return Check to Requestor:** Yes  
**Bookkeeper to Mail Check:** No

## **PAYEE(VENDOR)**

<b>Vendor Name:</b> Ravalli County District Court 205 Bedford Street Hamilton, MT 59840-2853
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**Reason for Check Request:** Appearance fee (\$70.00) and fee for removal to federal court (\$5.00)

**Dollar Amount:** \$75.00

**Tax ID or SSN:**

**Client Number:** 4293-4085  
*(if applicable)*

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*Signature of Responsible Attorney or Office Manager*