



## PUBLIC TRANSIT REIMBURSEMENT REQUEST

Name: \_\_\_\_\_ [Required] Juror Badge #: \_\_\_\_\_ [Required]

Address: \_\_\_\_\_  
[Required] Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ [Required] Email Address: \_\_\_\_\_

DATE	PUBLIC TRANSIT PROVIDER	TOTAL COST OF ROUND-TRIP TRANSIT TRANSPORTATION
<b>CLAIM TOTAL:</b>		<b>\$</b>

Purpose of Trip and Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY CERTIFY that the above statement is a true and correct statement of the public transit expense incurred by me while traveling for jury duty in and for the Lassen County Superior Court.

\_\_\_\_\_  
 Claimant's Signature Printed Name Date

**Signature, Printed Name, and Date are required for your reimbursement request to be considered.**

**COURT USE ONLY**

Jury Staff Approval \_\_\_\_\_  
 Signature Printed Name Date

Finance Staff \_\_\_\_\_  
 Claim Processed Date \$ Amount Signature Printed Name