

Case No. _____

_____,
Plaintiff,

vs.

_____,
Defendant.

**Bill of Exceptions
Statement of
Additional Amount Due**

Estimate for Bill of Exceptions Paid: _____

Final Cost of Bill of Exceptions: _____

Additional amount due and payable: _____

Payment is to be made to the clerk of the trial court:

Dated: _____ Signature: _____
(Court Reporter/Contract Transcriptionist)