

ATTACHMENT A UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF ILLINOIS

REQUEST FOR PAYMENT FROM THE DISTRICT COURT FUND
VOUCHER
NUMBER (DCF)

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

Case Title _____ Case Number _____

PRESIDING JUDGE _____

ATTORNEY NAME _____ Business Phone No _____

FIRM OR BUSINESS NAME _____

STREET ADDRESS _____ Room Number _____

CITY _____ STATE _____ ZIP _____

NAME OF PARTY REPRESENTED _____

_____ ITEMIZED EXPENSES _____

(Please attach documentation for each expense)

DEPOSITIONS AND TRANSCRIPTS	\$ _____
INVESTIGATIVE, EXPERT OR OTHER SERVICES	\$ _____
TRAVEL EXPENSES (_____ miles @ current federal mileage rate)	\$ _____
WITNESS FEES	\$ _____
INTERPRETER SERVICES; EXPERT WITNESS FEE	\$ _____
PHOTOGRAPHS, PHOTOCOPIES, TELEPHONE TOLL CALLS	\$ _____
OTHER (Please attach description of expense)	\$ _____

EXPENSES TOTAL: \$ _____

I swear (or affirm) the truth and correctness of the above statements and that each of the listed expenses were, in my best judgment, necessary for the adequate preparation and presentation of the above-named case. I hereby request reimbursement for the total amount of expenses incurred in the preparation of this case.

Attorney's Signature: _____ Date _____

Approved/Certified
For Payment _____ Date _____ Amt Approved/
Signature of Presiding Judge Certified \$ _____

For Payments over \$1,000 see attached written order.

FOR OFFICE USE ONLY

AMOUNT REMITTED: \$ _____ **CHECK NUMBER** _____
CLERK'S SIGNATURE