

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS**

AUTHORIZATION/CERTIFICATION FOR REIMBURSEMENT

VOUCHER NUMBER DCF-

Please type or print with ballpoint pen.

Case Title _____ Case Number _____
Presiding Judge/Magistrate _____
Firm or Business Name _____ Business Phone _____
Street Address _____ Room No. _____
City _____ State _____ Zip _____
Name of Party Represented _____

ITEMIZED EXPENSES

Depositions and Transcripts	\$ _____
Investigative, Expert or Other Services	\$ _____
Travel Expenses	\$ _____
Witness Fees	\$ _____
Interpreter Services	\$ _____
Photographs, Photocopies, Telephone Toll Calls, Telegrams	\$ _____
Other (Please attach description)	\$ _____

TOTAL AMOUNT CLAIMED

\$

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	Signature of Presiding Judge/Magistrate Judge _____	Date _____	Approved/ Certified \$ _____
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FOR OFFICE USE ONLY

Amount Remitted: \$ _____ Check Number _____

Financial Officer's Signature _____ Date _____