

Service Provider's Certification of Service

CASE INFORMATION

Case Number: _____

Defendant : _____

SERVICE PROVIDER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

VOUCHER SERVICE PERIOD

Start Date: _____ End Date: _____

SERVICES AND EXPENSES

Compensation: _____

Miles Driven _____

Mileage Rate _____

Total Mileage:** _____

Travel Expenses* _____

Other Expenses _____

Total Expenses: _____

Total Compensation & Expenses: _____

INITIAL EACH OF THE TWO STATEMENTS BELOW:

I hereby certify that the above claim is for services rendered and is true and correct. _____

I have not received payment (compensation or anything of value) from any other source for these services. _____

Signature***

Date

* "Travel Expenses" includes: lodging, parking, tolls, etc.):

** See cand.uscourts.gov/mileagerates.

*** This form cannot be processed without a signature. Signature may be wet or electronic.