

**NINTH CIRCUIT COURT OF APPEALS PRO BONO PROGRAM
Expense Reimbursement Request**

Docket #: _____ Case Title: _____

Oral Argument (if applicable): Date: _____ Location: _____

PLEASE KEEP ORIGINAL RECEIPTS FOR YOUR RECORDS. SUBMIT COPIES ONLY WITH THIS REQUEST.

Receipt(s) Provided	Expense Type	Comments	Expense Amount
<i>Lodging & Meals for Oral Argument (Exclude any alcoholic beverages; See note 1):</i>			
<input type="checkbox"/>	Lodging (two nights maximum)		
<input type="checkbox"/>	Lunch (day before argument)		
<input type="checkbox"/>	Dinner (day before argument)		
<input type="checkbox"/>	Breakfast (day of argument)		
<input type="checkbox"/>	Lunch (day of argument)		
<input type="checkbox"/>	Dinner (day of argument)		
<input type="checkbox"/>	Breakfast (day after argument)		
<input type="checkbox"/>	Lunch (day after argument)		
<input type="checkbox"/>	Misc (e.g., snacks)		
LODGING & MEALS SUBTOTAL			

<i>Other Expenses Related to Travel for Oral Argument (See note 2):</i>			
<input type="checkbox"/>	Ground Transportation		
<input type="checkbox"/>	Parking		
n/a	Personal Vehicle Mileage (<i>See note 1</i>): _____ miles @ _____ / mile		
<input type="checkbox"/>	Other (Itemize and attach additional pages if needed.): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
OTHER TRAVEL EXPENSES SUBTOTAL			\$

<i>Miscellaneous Expenses:</i>			
<input type="checkbox"/>	Long-distance Telephone		
<input type="checkbox"/>	Photocopies: _____ pages @ _____ / page		
<input type="checkbox"/>	Postage & Delivery		

<input type="checkbox"/>	Computer Research (max. \$1,000)		
<input type="checkbox"/>	PACER Fees (max. \$1,000)		
<input type="checkbox"/>	Other (Itemize and attach additional pages if needed.): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
MISCELLANEOUS EXPENSES SUBTOTAL		\$	

TOTAL EXPENSES	\$
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NOTES:

(1) Government per diem rates for lodging, meals, and mileage are available at <http://www.gsa.gov/>.

(2) The program covers airfare for travel to oral argument (within the circuit) for one attorney, or in the case of law school clinics, for the supervising attorney and one student. **You must contact the Clerk's Office at (415) 355-7873 to obtain a letter authorizing travel at government expense before making any travel arrangements, and must then use the government travel agent to arrange for airline ticketing.** (These tickets are billed directly to the government.) Out-of-circuit attorneys must make their own travel arrangements and airfare is not reimbursable.

Make check payable to:

Send check to:

I, _____, certify that the above listed expenses were incurred as part of my pro bono representation in this appeal and do not exceed actual out-of-pocket costs.

Signed: _____

Dated: _____

Submit Request for Reimbursement to:

Email: ProBono@ca9.uscourts.gov
(must include pdf of scanned receipts)

Mail: Katie de la Serna
United States Court of Appeals for the Ninth Circuit
P.O. Box 193939
San Francisco, CA 94119-3939