

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 \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Judge Date \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

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