

**United States Court of Appeals for the Ninth Circuit
Pro Bono Program - Expense Reimbursement Request**

Docket #: _____ Case Title: _____

Receipt(s) Provided	Expense Type	Date of Expense	Expense Amount
<input type="checkbox"/>	Lodging		
<input type="checkbox"/>	Meals		
<input type="checkbox"/>	Ground Transportation		
<input type="checkbox"/>	Parking		
n/a	Mileage: ____ miles @ ____ /mile		
<input type="checkbox"/>	Long-distance Telephone		
<input type="checkbox"/>	Photocopies		
<input type="checkbox"/>	Postage & Delivery		
<input type="checkbox"/>	Computer Research (max. \$1,000)		
<input type="checkbox"/>	PACER Fees for Accessing District Court Record (max. \$1000)		
<input type="checkbox"/>	Other (please itemize)		
TOTAL			\$

NOTE: Current government per diem rates for lodging and meals and for mileage reimbursement are available at <http://www.gsa.gov/>. If receipts are provided, lodging and meal expenses may be reimbursed up to 150% of the applicable per diem allowance for the area in which argument is held. If receipts are not provided, lodging and meal expenses may not exceed the applicable per diem allowance. Costs for alcoholic beverages or entertainment are 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 to:
 Jo Ann Comstock, Pro Bono Coordinator
 United States Court of Appeals for the Ninth Circuit
 P.O. Box 193939
 San Francisco, CA 94119-3939