



UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
U.S. COURTHOUSE
312 NORTH SPRING STREET
LOS ANGELES, CALIFORNIA 90012-4797
TEL: 213-894-8521
FAX: 213-894-8522

REQUEST FOR REIMBURSEMENT
OF
OUT-OF-POCKET EXPENSES

Name of Payee:

(Include address, phone and fax numbers and social security or tax identification number)

Case Title:

Case Number:

Plaintiff Represented:

Total Requested for Reimbursement:

(Set forth the nature, reason and amount of each expenditure supported by actual receipts or copies thereof. If applicable, include the signed Request and Authority to Incur Costs in Excess of \$500.00 form(s).¹)

Signature of Pro Bono Panel Attorney

Date

APPROVED FOR PAYMENT with funds from the Central District's Attorney Admissions Fund as provided for in the United States District Court Central District of California Policy for Reimbursement of Out-of-Pocket Expenses Incurred by Law Firms Representing Plaintiffs Through the Central District's Pro Bono Panel.

Amount Approved: \$ _____

CJA Supervising Attorney

Date

¹ If extra space is needed, attach additional sheets of paper.