CLAIM FOR ATTORNEY REPRESENTATIVE TRAVEL REIMBURSEMENT	TRIP DESCRIPTION	FROM:
		TO:

CLAIMANT		
NAME	EMAIL ADDRESS	**GSA LOCALITY LOOKUP TOOL**
MAILING ADDRESS *(Include ZIP Code)*	OFFICE TELEPHONE NUMBER	

EXPENDITURES (Itemized - Please remember to attach itemized receipts, credit card receipts are not acceptable)

Date		(Explain expenditures in specific detail)		Mileage Rate	NO. OF MILES	AMOUNT CLAIMED: MILEAGE	AIRFARE		MEALS, HOTEL, TAXI, MISC.
						0.00			
						0.00			
						0.00			
						0.00			
						0.00			
						0.00			
						0.00			
						0.00			
						0.00			
						0.00			
					SUBTOTALS (This Page)	0.00	0.00		0.00
					SUBTOTALS (Next Page)	0.00	0.00		0.00
					TOTALS (Columns)	0.00	0.00		0.00
					TOTAL AMOUNT CLAIMED	**0.00**			

This claim appears consistent with the rules of the Attorney Representative Reimbursement Policy to the best of my knowledge after review.

☐ Finance Reviewed

District Court Use Only

This claim is approved by the District Chief Judge and District CUE

☐ NAF form approved

District Court Use Only

I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

TRAVELER'S SIGNATURE | DATE

SUBMISSION INSTRUCTIONS:
Once form is completed, return to finance@waed.uscourts.gov with all applicable receipts

EXPENDITURES - Continued

Date		(Explain expenditures in specific detail)		Mileage Rate / NO. OF MILES	AMOUNT CLAIMED MILEAGE	AIRFARE		MEALS, HOTEL, TIPS, MISC.
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
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					0.00			
				Total each column and enter on page one.	0.00	0.00		0.00

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