

**CLAIMS FOR WITNESS ATTENDANCE FEES, TRAVEL, AND
 MISCELLANEOUS EXPENSES**

Previous editions obsolete

PART I - ATTENDANCE CERTIFICATION

1. General Information

- a. Witness Name _____ d. Case Name _____
 b. Witness Address _____ e. Case Number _____
 Street _____ f. District or Location _____
 City _____ State _____ Zip _____
 c. U.S. Citizen: Yes () No () Alien: Legal () Illegal ()

2. Travel and Attendance Information

- a. Dates of Travel From Residence to Case Location: From _____ To _____
 b. Dates of Travel From Case Location to Residence: From _____ To _____
 c. Dates of attendance: From _____ To _____

3. Certification

I certify that the witness named above attended in the case or matter indicated and is entitled to the statutory allowances for attendance and travel. In the proceedings before United States Magistrate where more than four witnesses were called, the Magistrate also certifies that the approval and certificate of the U.S. Attorney were first obtained.

 (Signature) _____ (Title) _____ (Date)

PART II - WITNESS CLAIM FOR FEES AND ALLOWANCES

	Rate	No. of Days	Amount Claimed	Totals
1. Attendance Fees				
a. Fact, Pretrial Conference & Detained Witness	_____	_____	\$ _____	
Total Attendance Fees _____				\$ _____
2. Mileage Allowance (Indicate type of privately owned vehicle: (Auto) (motorcycle) (airplane))				
	Rate	No. of Miles	Amount Claimed	
a. From Residence to Case Location (and Return)	_____	_____	\$ _____	
b. From Hotel/Motel to Court (or Court to Hotel/Motel)	_____	_____	_____	
Total Mileage Allowance _____				\$ _____
3. Subsistence Per Diem Rate: _____ or HRGA Rate: _____ (HRGA: High Rate Geological Area)				
	Rate	No. of Days	Amount Claimed	
a. Meals	_____	_____	\$ _____	
b. Lodging	_____	_____	_____	
Total Subsistence Allowance _____				\$ _____
4. Miscellaneous Allowances (See Item 8 Below)				
a. Common Carrier			\$ _____	
b. Parking Fees, Tolls, Taxi Fares			_____	
Total Miscellaneous Allowances _____				\$ _____
5. Total Amount Claimed (Items 1-4, Part II) _____				\$ _____
6. Less Outstanding Check or Cash Advances _____				\$ _____
7. New Amount Claimed by Witness _____				\$ _____
8. Use this space to itemize your expenses from Item 4, Part II above. Receipts are required for all common carrier and parking fees, and for all other single items in excess of \$15.00.				

Paid by Check No. _____
Paid by Cash \$ _____
_____ (Signature of Payee)
_____ (Date)

9. Witness Certification

I certify that the above data is correct and that payment has not been received, and that at the time of travel and attendance I (was) (was not) a U.S. Government employee and I (was) (was not) a citizen of the United States. (If not a citizen, present your Alien Registration Record with this form.) I (did) (did not) receive a Government Transportation Request to pay for my official travel.

(Signature)

(Date)

PART III - RESERVED FOR FINANCE OFFICE

1. Computation

a. Net Amount Claimed by Witness *(From Item 7, Part II)* \$ _____

b. Adjustments Due to Any Differences *(Explain Differences)* _____

c. Amount Authorized for Payment _____ \$ _____

d. By _____ Title _____ Date _____

2. Accounting Classification Data _____