



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

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



**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 AND AUTHORITY
TO
INCUR COSTS IN EXCESS OF \$500.00¹**

Pro Bono Panel Attorney:
(Include address, phone and fax numbers)

Case Title:

Case Number:

Plaintiff Represented:

Total Cost Requested:

Set forth the nature of the contemplated expenditure, the reason for the expenditure, the anticipated total amount including the fixed, hourly, or per piece rate, and such other information as may be relevant for a determination that there is good cause for the expense to be incurred.²

Signature of Pro Bono Panel Attorney

Date

Good cause having been found, authorization is granted to incur the costs described above.

APPROVED:

CJA Supervising Attorney

Date

¹If reimbursement is sought during litigation, a signed approved copy of this form must be attached to the Request For Reimbursement of Out-of-Pocket Expenses form and forwarded to the CJA Supervising Attorney.

²If extra space is needed, attach additional sheets of paper.