CJA VOUCHERS
OTHER EXPENSE WORKSHEET

Case Number _____

Defendant Name _____

Page of

Date	Brief Description of Services	Rate	# of Miles	Mileage	Parking	Meals	Lodging	Copying	Postage	Toll Calls	Other	Line Total
	Page Total											
	Grand Total											

Mileage Rates

BegDate	Rate

Note: All expenses $50.00 or more in aggregate by category must be supported with original receipts.

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