

Fact Witness Voucher

Circle one • I (was) (was not) a United States citizen at the time of attendance
 • I (was) (was not) a Government employee at the time of attendance
 • I (did) (did not) receive a cash or check advance. Total advance issued \$ _____ from _____

Witness Name: _____			Case Number: _____		
Social Security Number: _____			Case Name: _____		
Address: _____			District: _____		
City: _____	State: _____	Zip: _____	Court Location: _____		
Telephone No. (including area code): _____			GTA <input type="checkbox"/> Transportation <input type="checkbox"/> Lodging <input type="checkbox"/>		

PART I – Attendance Certification (by Government Official)		Object Class	Amounts (Dollars)
Retention of these fees is considered taxable income and reportable to IRS			
A. Attendance Fees			
Deposition Dates _____	\$40@ _____ days	1126	
Grand Jury/Trial Attendance Date (Including Travel) _____	\$40@ _____ days	1156	
Pretrial Attendance Dates (Including Travel) _____	\$40@ _____ days	1194	
Detained Dates - Citizen/Visitor In Custody _____	\$40@ _____ days	1193	
Detained Dates - Deportable Alien in Custody _____	\$ 1@ _____ days	1195	
		Total Fees	

B. Attendance Attestation: I attest that the witness named above attended in the case or matter indicated and is entitled to the statutory allowance for attendance and travel. In proceedings before U.S. Magistrates where more than four witnesses were called, the Magistrate also attests that the approval and certificate of the U.S. Attorney were first obtained.

_____ Signature	_____ Title of Authorized Government Official	_____ Date
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PART II – Allowances		Object Class	Amounts (Dollars)
C. Travel by Carrier (Receipts required if paid by witness) (DO NOT claim if paid by Government)			
Check one <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Air		2191	
D. Travel by Privately Owned Vehicles: <input type="checkbox"/> Auto/Truck/Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Airplane			
Round trip mileage _____ @ \$ _____ per mile			
Total number of trips _____			
Less advance received \$ _____		2192	
E. Local Transportation & Other Expenses: (e.g., taxi, tolls, parking, etc.) (Receipts required for parking and expenses over \$25.00) (Tips and gratuities not reimbursed)			
List (item, date and amount)			

_____		2193	
F. Meals and Lodging:			
1. Travel days (1/2 day's M&IE per day) @ \$ _____ x _____ day(s) = \$ _____			
2. Days away from home (full day's M&IE per day) @ \$ _____ x _____ day(s) = \$ _____			
3. Actual cost of lodging, not to exceed \$ _____ @ \$ _____ x _____ night(s) = \$ _____			
(DO NOT claim if paid by Government) (Receipts are required if paid by witness)			
Less advance received \$ _____		2194	
G. Witness Certification:			
I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. (If not a citizen, present your Alien Registration Record with this form)			
_____ Witness Signature	_____ Date	_____ Alien Registration Record No.	
H. Claim Verification: Based upon the above information and receipts furnished by the witness, I verify the above information is true and correct to the best of my knowledge.			
_____ Signature	_____ Title of Authorized Government Official	_____ Date	Net Amount Paid

PART III – Certification

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

_____ Signature	_____ Title of Authorized Certifying Officer	_____ Date
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PART IV – Disbursement (for Finance Office use only)

Accounting Classification _____

Check/Draft No. _____ Voucher No. _____

_____ Signature	_____ Title of Disbursing Officer	_____ Date
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The Privacy Act Statement and instructions for completion of this form are continued on the reverse of the form.