## **UNITED STATES DISTRICT COURT Northern District of California Criminal Justice Act Unit**

2020

For services provided during calendar year **2020**.

## **Service Provider's Certification of Service**

CASE INFORMATION	
Case Number:	
Defendant :	
SERVICE PROVIDER INFORMA	ΓΙΟΝ
Name:	
Street Address:	
City:	State:Zip Code:
Phone:	
VOUCHER SERVICE PERIOD	
Start Date:	End Date:
SERVICES AND EXPENSES	
Compensation:	
Miles Driven	
Mileage Rate	
Total Mileage**:	
Travel Expenses*	
Other Expenses	
Total Expenses:	
<b>Total Compensation &amp; Expense</b>	s:
INITIAL EACH OF THE TWO ST	ATEMENTS BELOW:
I hereby certify that the above claim	is for services rendered and is true and correct.
I have not received payment (compesservices	nsation or anything of value) from any other source for these
Signature***	Date

<sup>\* &</sup>quot;Travel Expenses" includes: lodging, parking, tolls, etc.):

\*\* See <a href="mailto:cand.uscourts.gov/mileagerates">cand.uscourts.gov/mileagerates</a>.

\*\*\* This form cannot be processed without a signature. Signature may be wet or electronic.