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

2021

For services provided during calendar year 2021.

Service Provider's Certification of Service

CASE INFORMATION	
Case Number:	
Defendant :	
SERVICE PROVIDER INFORMATION	I
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:	
Total Compensation & Expenses:	
INITIAL EACH OF THE TWO STATE I hereby certify that the above claim is for	MENTS BELOW: services rendered and is true and correct
I have not received payment (compensati services	ion or anything of value) from any other source for these
Signature***	Date

^{* &}quot;Travel Expenses" includes: lodging, parking, tolls, etc.):

^{**} See <u>cand.uscourts.gov/mileagerates</u>.

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