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

2025

For services provided during calendar year **2025**

Service Provider's Certification of Service

CASE INFORMATION			
Case Number:			
Defendant :			
SERVICE PROVIDER INFORMATIO	N		
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 STAT	EMENTS BELOW:		

I hereby certify that the above claim is for services rendered and is true and correct.

I have not received payment (compensation or anything of value) from any other source for these services.

Signature***

Date

* "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.