

**Service Provider's Certification of Service**

**CASE INFORMATION**

Case Number: \_\_\_\_\_

Defendant : \_\_\_\_\_

**SERVICE PROVIDER INFORMATION**

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 STATEMENTS 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 [cand.uscourts.gov/mileagerates](http://cand.uscourts.gov/mileagerates).

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