

United States District Court
Northern District of New York

TRAVEL EXPENSE FORM

Name of Service Provider:	
Case Number:	Court Proceeding:
Case Caption:	Court Location:

Please submit a separate Travel Expense Form for each day of travel.

Travel Date:	
Depart From:	Departure Time:
Arrive at:	Arrival Time:

Reimbursement for subsistence expenses may be claimed only on an actual expense (itemized) basis, with receipts for lodging and for any expense of \$25 or more, up to the applicable per diem rate for the city in which the work is performed. Claims for reimbursement shall be accompanied by receipts and/or the Order Authorizing Travel as provided by the Judge.

Per Diem Rates: Albany - \$165 Binghamton - \$138 Plattsburgh - \$123 Syracuse - \$150 Utica - \$123 Watertown - \$123	Breakfast	Lunch	Dinner	Lodging	Total

Transportation Expenses:

<p>If you drove your personal vehicle, complete this section:</p> <p>Mileage <small>The Court reimburses mileage only if the traveler resides more than 30 miles from the court location.</small></p> <p>Miles driven today: _____</p> <p>Current Mileage Rate: _____</p> <p>Total Mileage Cost for today: _____</p>	<p>Airfare:</p> <p>Train Fare:</p> <p>Taxi:</p> <p>Other:</p> <p>Tolls:</p> <p>Parking:</p>
<p>Total Travel Expenses for _____: \$ _____</p>	

I certify under penalty of perjury that the expenses claimed above are true, and receipts are provided.

Signature of Service Provider

Date

For Court Use Only: _____ I have reviewed the above claimed expenses and have verified that receipts are provided.	
_____ Deputy Clerk	_____ Date