	OTHER EXPENSE WORKSHEET
	Defendant:

Case Number	 	
Attorney Name		
Page	 of	

DATE	District the state of the state			Number of Miles Driven	@ rate	Mileage Claim \$	D. div.	Copy Services		Phone	
(Mo/D/Yr)	Brief Description of Services	Lodging	Meals	(Round Trip)	per mile	Claim \$	Parking	Services	Postage	Calls	Other
	Dono Total										
	Page Total Grand Total										

MILEAGE RATES					
2/1/2009-12/31/2009	0.55				
1/1/2010-12/31/2010	0.5				
1/1/2011-4/16/2012	0.51				
4/17/2012-	0.555				

[~] Receipts are required for any expense of \$50 or more.