

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK**

Pro Bono Expense Voucher

Attorney(s) Name: _____

Law Firm Name: _____

Mailing Address of Law Firm: _____

City/State/Zip: _____

I hereby request payment be made for Pro Bono services performed in:

Case Number: _____

Party Represented: _____

Dates of Service: From: _____ To: _____

Rates Effective October 2020 through September 2021
See mileage rates for [Northern District of New York](#)

GSA PER DIEM RATES: (Recommended)	Lodging	Meals
Syracuse	\$ 101	\$ 61
Albany	\$ 114	\$ 61
Utica	\$ 96	\$ 55
Binghamton	\$ 101	\$ 61
Plattsburgh	\$ 96	\$ 55

***Only actual expenses may be claimed**

**GRAND TOTAL
VOUCHER AMOUNT**

Finance Audit _____ Date: _____

I certify that I rendered the services described herein, that said services are fair and reasonable and payment is requested from the Northern District of New York's Pro Bono Fund. I further understand that absent prior approval of the Court, cumulative expenses in this matter will not exceed \$2,000.00.

Attorney Signature: _____ **Date:** _____

- *Must provide receipts if your expenses include airfare, lodging, rental car and expenses \$50.00 and over.**
 - *Please submit your voucher via ECF using "Motion for Disbursement of Funds" event.**
 - *If you have an expense over \$500.00, travel expenses or your voucher exceeds \$2,000.00, please fill out the attached Authorization Request Form.**