

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

**PRO BONO FUND VOUCHER
AND REQUEST FOR REIMBURSEMENT**

I, _____, duly appointed as counsel pro bono to
represent _____ in the matter of
_____ v. _____

Civil Action No. ____-CV-____, hereby request reimbursement pursuant to Local Rule 83.3
for expenses incurred in the representation of my pro bono client in the amount of \$_____.

I certify that the expenses, a detailed copy of which are attached hereto, are reasonable
and necessary. I further understand that absent prior approval of the court, cumulative expenses
in this matter will not exceed \$2,000.00.

Dated:_____.

Counsel Pro Bono (Signature):_____

The above application of counsel pro bono is fair and reasonable and payment is
requested from the Northern District of New York's Pro Bono Fund.

Dated:_____.

Presiding Judge (Signature):_____

IT IS SO ORDERED.

Dated:_____.

Chief U.S. District Judge



UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

Pro Bono Authorization Request

Attorney(s) Name: _____

Case Number/Party

Represented: _____

☐ **Authorization Request for expenses in excess of \$500.00**

Explanation:

☐ **Authorization Request for voucher in excess of \$2,000.00**

Explanation:

☐ **Travel Authorization Request**

Provide justification for travel and a list of estimated travel expenses:

The above Authorization Request for travel expenses, expenses in excess of \$500.00 or voucher in excess of \$2,000.00 is hereby APPROVED.

Presiding Judge (Signature): _____

Dated: _____

*Please email Authorization Request to the "Courtroom Deputy" of presiding Judge

*A copy of the approved authorization must be attached to your pro bono voucher.

**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 2026 through September 2027
See mileage rates for [Northern District of New York](#)

GSA PER DIEM RATES:	Lodging	Meals
(Recommended)		
Syracuse	\$ 136	\$ 80
Albany	\$ 133	\$ 86
Utica	\$ 113	\$ 68
Binghamton	\$ 127	\$ 74
Plattsburgh	\$ 113	\$ 68

***Only actual expenses may be claimed**

**GRAND TOTAL
VOUCHER AMOUNT**

\$ 0.00

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.**

Pro Bono Travel Expenses

Receipts required for lodging, airfare, rental cars and any meal \$50.00 and over

*Reimbursement for meals and lodging expenses may be claimed only on an actual expense (itemized) basis, up to the applicable GSA per diem allowance for the date and location of travel. (See Rates table on page 1)

Attorney(s): _____

DATE	EXPENSE TYPE	TO/FROM	OTHER EXPENSE AMOUNT	MILEAGE	MILEAGE RATE .76 (EFFECTIVE 7/1/26)	TOTAL
TOTAL:						\$ 0.00

*Any expense other than privately owned vehicle, please enter in **OTHER EXPENSE AMOUNT**.

Pro Bono Other Expenses

***Any expenses in excess of \$500.00 should receive the Court's prior approval. Please see guidelines for further details.**

Attorney(s): _____

DATE	EXPENSE TYPE	NOTES/PURPOSE	TOTAL EXPENSE AMOUNT
TOTAL:			\$ 0.00