

**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. 2  
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 2023 through September 2024*  
See mileage rates for [Northern District of New York](#)

| <b>GSA PER DIEM RATES:</b><br>(Recommended) | <b>Lodging</b> | <b>Meals</b> |
|---|----------------|--------------|
| Syracuse                                    | \$ 116         | \$ 64        |
| Albany                                      | \$ 114         | \$ 69        |
| Utica                                       | \$ 107         | \$ 59        |
| Binghamton                                  | \$ 113         | \$ 64        |
| Plattsburgh                                 | \$ 107         | \$ 59        |

**\*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.**

## 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<br>EXPENSE<br>AMOUNT | MILEAGE | MILEAGE<br>RATE .67<br>(EFFECTIVE<br>1/1/24) | TOTAL |
|---------------|--------------|---------|----------------------------|---------|--|-------|
|               |              |         |                            |         |  |       |
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|               |              |         |                            |         |  |       |
|               |              |         |                            |         |  |       |
|               |              |         |                            |         |  |       |
| <b>TOTAL:</b> |              |         |                            |         |  |       |

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

