



UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
U.S. COURTHOUSE
350 WEST FIRST STREET, SUITE 4311
LOS ANGELES, CALIFORNIA 90012-4565
TEL: 213-894-5708
LawyerReps_CACD@cacd.uscourts.gov

**LAWYER REPRESENTATIVE REQUEST FOR
REIMBURSEMENT OF
TRAVEL EXPENSES**
(Complete this form and email to the address above.)

Lawyer Representative (Include address, phone and fax numbers, and social security or tax identification number):

Total Requested for Reimbursement (Set forth the nature and amount of each expenditure supported by actual receipts or copies thereof.* Include the signed Request and Authority to Incur Travel Expenses.):

Signature of Lawyer Representative

Date

APPROVED FOR PAYMENT with funds from the Central District of California's Attorney Admissions Fund as provided for in the United States District Court Central District of California Policy for Reimbursement of Travel Expenses Incurred by Lawyer Representatives.

Amount Approved: \$ _____

Pamela Gamble Jackson
Naturalizations and Special Programs

Date

* If extra space is needed, attach additional sheets of paper.