

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

350 West First Street  
Los Angeles, California 90012

**REQUEST FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES**

**E-mail request to: [ProBonoPanel\\_CACD@cacd.uscourts.gov](mailto:ProBonoPanel_CACD@cacd.uscourts.gov)**

Name of Payee: *(Include name, address, phone, e-mail address and social security or tax identification number)*

Case Title:

Case Number:

Party Represented:

Total Requested for Reimbursement:

*Set forth the nature, reason and amount of each expenditure supported by actual receipts or copies thereof.<sup>1</sup>*

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Signature of Pro Bono Attorney

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Date

**APPROVED FOR PAYMENT** with funds from the Central District's Attorney Admissions Fund as provided for in the United States District Court, Central District of California Policy for Reimbursement of Out-of-Pocket Expenses Incurred by Court-Appointed Pro Bono Counsel.

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Staff Attorney for Pro Bono Panel

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Date

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<sup>1</sup>If extra space is needed, attach additional sheets of paper.