



**UNITED STATES DISTRICT COURT**  
**CENTRAL DISTRICT OF CALIFORNIA**  
**U.S. COURTHOUSE**  
**312 NORTH SPRING STREET**  
**LOS ANGELES, CALIFORNIA 90012-4797**  
**TEL: 213-894-8521**  
**FAX: 213-894-8522**

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

Name of Payee:

*(Include address, phone and fax numbers and social security or tax identification number)*

Case Title:

Case Number:

Plaintiff Represented:

Total Requested for Reimbursement:

*(Set forth the nature, reason and amount of each expenditure supported by actual receipts or copies thereof. If applicable, include the signed Request and Authority to Incur Costs in Excess of \$500.00 form(s).<sup>1</sup>)*

\_\_\_\_\_  
Signature of Pro Bono Panel Attorney

\_\_\_\_\_  
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 Law Firms Representing Plaintiffs Through the Central District's Pro Bono Panel.

Amount Approved: \$ \_\_\_\_\_

\_\_\_\_\_  
CJA Supervising Attorney

\_\_\_\_\_  
Date

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