U.S. Department of Justice
Washington, D.C. 20530

Fact Witness Voucher

Circle one
- I (was) (was not) a United States citizen at the time of attendance
- I (was) (was not) a Government employee at the time of attendance
- I (did) (did not) receive a cash or check advance. Total advance issued $ _____ from _____

Witness Name:	Case Number:
Social Security Number:	Case Name:
Address:	District:
City: State: Zip:	Court Location:
Telephone No. (including area code):	GTA ☐ Transportation ☐ Lodging

PART I – Attendance Certification (by Government Official)

Retention of these fees is considered taxable income and reportable to IRS

		Object Class	Amounts (Dollars)
A. Attendance Fees			
Deposition Dates	_____ $40@_____ days	1126	0.00
Grand Jury/Trial Attendance Date (Including Travel)	_____ $40@_____ days	1156	0.00
Pretrial Attendance Dates (Including Travel)	_____ $40@_____ days	1194	0.00
Detained Dates - Citizen/Visitor In Custody	_____ $40@_____ days	1193	0.00
Detained Dates - Deportable Alien in Custody	_____ $ 1@_____ days	1195	0.00
		Total Fees	0.00

B. Attendance Attestation: I attest that the witness named above attended in the case or matter indicated and is entitled to the statutory allowance for attendance and travel. In proceedings before U.S. Magistrates where more than four witnesses were called, the Magistrate also attests that the approval and certificate of the U.S. Attorney were first obtained.

Signature _____ Title of Authorized Government Official _____ Date _____

PART II – Allowances

C. Travel by Carrier (Receipts required if paid by witness) (*DO NOT* claim if paid by Government)
Check one ☐ Train ☐ Bus ☐ Air — 2191

D. Travel by Privately Owned Vehicles: ☐ Auto/Truck/Van ☐ Motorcycle ☐ Airplane
Round trip mileage _____ @ $_____ per mile
Total number of trips _____
Less advance received $_____ — 2192

E. Local Transportation & Other Expenses: *(e.g., taxi, tolls, parking, etc.) (Receipts required for parking and expenses over $25.00) (Tips and gratuities not reimbursed)*
List (item, date and amount)
_____ — 2193

F. Meals and Lodging:
1. Travel days (1/2 day's M&IE per day) @ $ _____ x _____ day(s) = $ 0.00
2. Days away from home (full day's M&IE per day) @ $ _____ x _____ day(s) = $ 0.00
3. Actual cost of lodging, not to exceed $ _____ @ $ _____ x _____ night(s) = $ 0.00
(DO NOT claim if paid by Government) (Receipts are required if paid by witness)
Less advance received $_____ — 2194

G. Witness Certification:
I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. (If not a citizen, present your Alien Registration Record with this form)

Witness Signature _____ Date _____ Alien Registration Record No. _____

H. Claim Verification: Based upon the above information and receipts furnished by the witness, I verify the above information is true and correct to the best of my knowledge.

Signature _____ Title of Authorized Government Official _____ Date _____ — Net Amount Paid

PART III – Certification

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

Signature _____ Title of Authorized Certifying Officer _____ Date _____

PART IV – Disbursement *(for Finance Office use only)*

Accounting Classification _____

Check/Draft No. _____ Voucher No. _____

Signature _____ Title of Disbursing Officer _____ Date _____

The Privacy Act Statement and instructions for completion of this form are continued on the reverse of the form.