CJA VOUCHERS
OTHER EXPENSE WORKSHEET

Case Number _____

Defendant Name _____

Page ____ of ____

Date	Brief Description of Services	Rate	# of Miles	Mileage	Parking	Meals	Lodging	Copying	Postage	Toll Calls	Other	Line Total
	Page Total											
	Grand Total											

Note: All expenses $50.00 or more in aggregate by category must be supported with original receipts.