02/2019	RF			stern District of Missouri Non-Appr ND REIMBURSEMENT OF OUT-OF-		NSFS	
	IXL	QUEDITOR COMI ENGA	HON OF OLKVIOLO AF	TO REIMBOROEMENT OF COT-OF-	ambonoement of our or i outer extended		
	Assigned Judge:			Case Number:	Case Number:		
	Case Title:				Determinated		
		e of Party Represented: uest for (check one): Interim Payn	nent Final Payment	Date appointed:	ate appointed:		
	Check box if previous payments have been made in this case: G Amount previously paid: \$						
Judgment Entered? Yes No If yes, Date of Judgment:							
	If applicable, date of order granting leave to withdraw:			Has a fee award been made to you in the	nis case?		
	Attorney's Name: Make check payable to: Attorney Firm						
Firm or Business Name:							
	Street Address:						
	City/State/Zip: Phone:						
Claim for Services							
		Please refer to the Instructions	for Completing Request for Comp	pensation of Services and Reimbursement of Expense	es for time keeping	I Total Amount	
	In Co	ourt:			Hours Claimed	Claimed	
		Conferences					
		Hearings Trial					
		Other (specify on additional works	theet)				
	(RAT	E PER HOUR = \$	inoot,	IN COURT TOTALS	:		
,							
	Out o	of Court:					
		Interviews and Conferences					
		Discovery				1	
		Legal Research and Brief Writing Travel Time					
		Traver Time					
	(RAT	E PER HOUR = \$		OUT OF COURT TOTALS	:		
	OVE	RALL TOTALS:					
	(N	lote: The maximum compensation for att	orney's	TOTAL COMPENSATION CLAIMED):\$		
fees for any one appointment in a civil case is \$5,000)							
Itemized Expenses							
Please refer to the Administrative Order - Attorney Admission Fee Non-Appropriated Fund governing the disbursement of funds for Services and Expenses Incurred by attorneys appointed to represent indigent parties in civil proceedings pursuant to 28 U.S.C. Section 1915(e) for guidance on allowable itemized expenses.							
	Depositions and Transcripts						
	Investigative, Expert or Other Services						
	Travel Expenses						
	Interpreter Services						
Photographs, Photocopies, Telephone Toll Calls, Data Charges					\$		
	Othe	r (Please attach description)			\$		
TOTAL EXPENSES CLAIMED: \$ TOTAL AMOUNT CLAIMED: \$							
					-		
	Iswe	rear to (or affirm) the truth and correctness of the above statements and that the work performed was, in my best judgment, necessary for the					
		quate preparation of the above-named case. Further, I swear (or affirm) that this request is made in the absence of other sources of prepayment eimbursement and that if any attorney fees are otherwise recovered, I shall return an equivalent amount to the District Court fund.					
	or re	imbursement and that if any attorne	ey fees are otherwise recovere	ed, I shall return an equivalent amount to the Di	istrict Court fund.		
		Attorney's Signature			Date		
Α	o				•		
Р	R	A = 1 = = 1 1	dada Cianatura		\$	anrove -l	
P R	P	Assigned Judge's Signature Date If the total of the reimbursement requested for out-of-pocket expenses and that already allowed exceeds \$10,000, the appr			Amount Approved roval of a majority of the judges on the		
0	A Y	Non-Appropriated Fund Committee is required. Reimbursement in excess of \$15,000 must be approved by four district judges.					
V E	M						
D	E N	01.1	Assessment 15 :		\$		
	т	Chairperson Non	-Appropriated Fund	Date	Amount Ap	oproved	