

**UNITED STATES DISTRICT AND BANKRUPTCY COURT  
FOR THE DISTRICT OF IDAHO**

**Reimbursement Form for Out-Of-Pocket  
Expenses pursuant to the Pro Bono Program**

**Case Name:**  
**Case Numbers:**

**Attorney, Law School, Student Intern, or Mediator's Mailing Address:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person Represented: \_\_\_\_\_

Complete and submit budget for pre-approval when estimated expenses exceed \$1,500.

**Actual Expenses**

Process Services: .....

Deposition or Transcript Costs: .....

Filing Fees:.....

Telephone Charges: .....

Court Fees: .....

Witness Fees: .....

Interpreter Fees: .....

Expert Consultations:.....

Photographs: .....

Taxi:.....

Food:.....

Mileage (round trip): .....

Airfare:.....

Hotel:.....

Other: .....

**Total Expenses: .....\$**

APPROVAL FOR EXPENSES:

\_\_\_\_\_  
District/Magistrate Judge