

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORK**

**DISTRICT COURT FUND EXPENSE REIMBURSEMENT VOUCHER**

\_\_\_\_\_ vs. \_\_\_\_\_ CV \_\_\_\_\_

I, \_\_\_\_\_, duly appointed as counsel to represent \_\_\_\_\_ in the above entitled action, pursuant to Local Rule of Civil Procedure 83.1(h), hereby request reimbursement from the District Court Fund of the following expenses incurred in the representation of my client before this Court:

Fees of the court reporter for transcripts or depositions  
necessary for the preparation of the case ..... \$ \_\_\_\_\_

Fees for investigative or expert services (with prior Court approval) ..... \$ \_\_\_\_\_

Travel expenses (with appropriate approval) ..... \$ \_\_\_\_\_

Fees for service of papers ..... \$ \_\_\_\_\_

Fees for witnesses (itemized with supporting documentation) ..... \$ \_\_\_\_\_

Fees for interpreter services ..... \$ \_\_\_\_\_

Expenses of photocopies, photographs, postage, toll calls, telegrams, etc.  
necessary for the preparation of the case (itemized with supporting  
documentation) ..... \$ \_\_\_\_\_

Other expenses (with prior Court approval if greater than \$500; and  
itemized with supporting documentation) ..... \$ \_\_\_\_\_

**TOTAL**                    \$ \_\_\_\_\_

**SPECIAL NOTE: Submit voucher and attach documentation for requested payments in all categories to:  
U.S. District Court, ATTN: Finance Dept., 2 Niagara Square, Buffalo, NY 14202-3350.**

**I certify that the expenses noted above are reasonable and necessary. I further understand that, absent extraordinary circumstances, cumulative expenses in this matter are limited to \$5,000.00. If requesting reimbursement for more than \$5,000.00, I acknowledge the requirement to provide an Affidavit stating the extraordinary circumstances and such Affidavit is attached hereto.**

Signature of Payee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Payee's Social Security Number or Employer I.D. Number: \_\_\_\_\_\*

\* Attached AO-213 must be completed for disbursing and 1099-MISC purposes.

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It is Ordered that payment from the District Court Fund be made in the amount of \$ \_\_\_\_\_.

Signature of Presiding Judicial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

*For Use By Financial Section Only:*

Paid \_\_\_\_\_ Initials \_\_\_\_\_

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  
Accounting Division

**VENDOR INFORMATION/TIN CERTIFICATION**  
Mandatory Information that **MUST** be provided before submission

Ex-AO Employee  
 SAM Vendor  
(Formerly CCR)  
(No TIN Certification Required)

Vendor Address	Other Address (If different from Vendor Address)
Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
<b>Name:</b>	Address:
Business Name: <i>(if different from above)</i>	City:
<b>Address 1:</b>	State:                      Zip Code:
Address 2:	Phone #:
<b>City:</b>	Description: <i>(If needed)</i>
<b>State:</b> <b>Zip Code:</b>	
<b>Phone #:</b> <b>E-mail:</b>	
<b>Taxpayer Identification #:</b> <i>(TIN, SS, or EIN number)</i>	
DUNS #	
Financial Information	
Bank Name:	Routing # <i>(this nine digit number appears on your checks, but do not include individual check numbers):</i>
City:	Account #:
State:                      Zip Code:	Type of Account: <i>(select one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- |   |   |
|---|---|
| <input type="checkbox"/> sole proprietorship;   | <input type="checkbox"/> partnership;                           |
| <input type="checkbox"/> corporate entity <i>(not tax-exempt)</i> ;                         | <input type="checkbox"/> corporate entity <i>(tax-exempt)</i> ; |
| <input type="checkbox"/> health care provider;  | <input type="checkbox"/> other: _____                           |
| <input type="checkbox"/> government entity <i>(write in either federal, state or local)</i> | _____   |

**Taxpayer Identification Number Certification**

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person *(defined below)*.

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

**Definitions:**

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\) and 3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041 and 6041A](#), and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement (purchase orders, contracts, etc.), as well as payees or service providers (payment vouchers, reimbursements, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Business**  **Not Applicable**
- Minority Owned Business** (*If yes, select one of the owner's race/ethnicity selections from below*):
  - Asian-Pacific American**  **Black American**  **Subcontinent Asian (Asian-Indian)American**
  - Hispanic American**  **Native American**  **Other:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Vendor/Payee's signature*

**For Agency Use Only**

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check [www.sam.gov](http://www.sam.gov) for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply:  Addition  Change  Vendor Code: \_\_\_\_\_ (*make entry only if change*)  
 Active  Inactive  Vendor Type: \_\_\_\_\_

The following information is optional for individuals whose name and telephone are already on the form:	
Contact Name: _____	_____
Telephone Number: _____	Email: _____

Identification of person making this request:	
Name: _____	_____
Telephone Number: _____	Originating Office: _____

Please type or print clearly. Please type or print clearly. For JIFMS Users only, e-mail the completed form to: [jifms@support.aotx.uscourts.gov](mailto:jifms@support.aotx.uscourts.gov). For Court FAS4T Users, send this form to the local court Vendor Administrator. For questions regarding JIFMS and Court FAS4T please contact SDSO at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only. Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.