Fact Witness Program Voucher

Must be completed by or for the Witness/Payee

Voucher is from: _____
(to be completed by Agency processing voucher)

PART I – WITNESS/PAYEE GENERAL INFORMATION

1. **Witness/Payee Name:** _____

Please answer each question below.

2. Were you a United States Citizen or Legal Resident at the time of appearance? ☐ **Yes** ☐ **No**

2a. ***For U.S. Citizens or Legal Residents:***
Social Security Number:
_____ - _____ - _____

2b. ***For Non-U.S. Citizens:***
Passport No.: _____ Visa No.: _____
Alien Registration Record No.: _____

3. Were you a Federal government employee at the time of appearance? ☐ Yes ☐ No

4. **Address:**	5. **Apt. #:**	6. **City:**
	7. **State:**	8. **ZIP Code:**

9. **Country:** (i.e., USA, Canada, etc.)	10. **Appearance Dates:** (including travel) _____ - _____
11. **E-Mail Address:**	12. **Phone No.:**

In addition to proper out-of-pocket expenses claimed below, a statutory attendance fee of $40.00 per day will be included in the total voucher, if eligible, according to 28 U.S.C. § 1821 for appearing at a scheduled judicial proceeding or appearing at an approved pretrial conference.

13. **Type of expense(s) incurred by witness/payee** *Any expenses over **$75.00** require receipts**
(check the box for each expense necessary related to Appearance Dates in question 10)

☐ Public transit (bus)	☐ Personal vehicle mileage	☐ Regional Bus (e.g. Greyhound) / Regional Train (e.g. Amtrak) / Airfare (paid by witness/payee)
☐ Public transit (train)	☐ Parking	☐ Other (explain):
☐ Ride-share service	☐ Baggage fees	
☐ Taxi service	☐ Tolls	

PART II – PAYMENT METHOD & CERTIFICATION

14. **Method of Payment:** (select one) ☐ Electronic Funds Transfer (EFT) ☐ Debit Card ☐ Treasury Check
(issued by USMS or US Attorneys Office)

Financial Institution: _____

Type: ☐ Checking ☐ Savings

Routing Number (ABA): ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Number: _____

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

I confirm and verify that I received the debit card associated with this account:

_____
Witness/Payee Signature

15. **SOCIAL SECURITY NUMBER/PRIVACY ACT NOTICE:** Disclosure of your Social Security number is mandatory for Federal income tax reporting purposes under the authority of 26 CFR Section 301-6109-1, to ensure the accuracy of income computation by the Internal Revenue Service. This information will be used to identify an individual who is compensated by funds of the Department of Justice. Falsification of an item may constitute a forfeiture of claim (28 U.S.C. § 2514) and may result in a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 U.S.C. § 287).

16. **CERTIFICATION:** I certify the types of expenses incurred are true and correct to the best of my knowledge and belief, and that payment has not been received by me. Expenses claimed may be adjusted to meet Federal Travel Regulations and other Federal policies according to any claims or receipt discrepancies.

17.

_____ _____
Witness/Payee Signature (must be handwritten in ink) **Date**

NOTE: THE DOJ-3 PAGE 2 MUST NOT BE HANDLED BY THE WITNESS/PAYEE

Witness/ Payee Name: _____

PART III – APPEARANCE DETAILS & CERTIFICATION

1. **This Voucher is for:** (select one)

2. **District:** _____ 3. **Appearance Location:** (city, state **OR** virtual) _____ 4. **CBA used:** _____

5. **Case Name/No.:** _____ 6. **Court Doc. No.:** _____

7. **A. TYPE AND DATE OF APPEARANCE**

				FEES			AMOUNTS (US Dollars)
Deposition Dates (including travel):		to		$40 @		Days	
Grand Jury/Hearing/Trial Appearance Dates (including travel):		to		$40 @		Days	
Pretrial Conference Dates (including travel):		to		$40 @		Days	
Detained Dates - Citizen/Visitor in Custody:		to		$40 @		Days	
Detained Dates - Deportable Alien in Custody:		to		$1 @		Days	
Medical and/or Psychiatric Assessment Dates:		to		$0 @		Days	
				TOTAL APPEARANCE FEES: OBJECT CLASS SOC/SSOC: 11804 / 1199			

B. Appearance Attestation: I attest that the witness or travel companion named above appeared at a scheduled judicial proceeding or pretrial conference (as defined under 28 CFR PART 21) and is entitled to receive statutory fees and expenses in accordance with 28 U.S.C. § 1821.

Printed Name and Title of Authorized Federal Government Official * _____ **Signature*** _____ **Date**

*A copy of Form USM-376A, *Signature/Designation Form for Approving Officer* must be on file with the USMS. For USAO only: The USA-234, *Accountable Officer Delegation and Signature Form* must be on file with EOUSA.

PART IV - ALLOWANCES

DO NOT include ANY expenses paid by the Federal government — **Receipts required for expenses over $75.00 if paid by witness/payee or travel companion**

	OBJECT CLASS SOC/SSOC	AMOUNT (US Dollars)
A. Travel by Common Carrier: (select one) ☐ Regional Bus ☐ Regional Train ☐ Airplane	21011 2108/2199	
B. Meals and Incidentals (M&IE) and Lodging: Government Lodging Per Diem Rate(s): $ _____	21013	
1. Travel Days $ _____ x _____ Day(s) = 0 (3/4 M&IE for Federal government employee fact witness. 1/2 M&IE for non-Federal government employee fact witness.)		
2. Days Away from Home (full day's M&IE per day) $ _____ x _____ Day(s) = 0	21012	
3. Actual Cost of Lodging * $ _____ x _____ Night(s) = 0 *Additional documentation required if the actual cost of lodging exceeds the Government per diem rate		
C. Claimed Travel and Other Authorized Expenses: Select all claimed expenses from page 1. Then, itemize expense description and values of all authorized expenses to be paid.		
☐ Public transit (bus) ☐ Parking ☐ Public transit (train) ☐ Baggage fees ☐ Ride-share service ☐ Tolls ☐ Taxi service ☐ Other (explain) ☐ Personal vehicle mileage (POV) Roundtrip mileage: _____ @ $ _____ per mile Calculated mileage reimbursement: _____ Total number of round trips: _____ **If POV expenses exceed $350.00, attach cost comparison and enter authorized itinerary amount** _____		
TOTAL ALLOWANCES (Totals of Part IV A, B, and C):		0

Select if advance provided

☐ Witness/Payee was provided an advance in the amount of _____ from _____

TOTAL VOUCHER: (total appearance fees + total allowances - advance (if applicable)) _____

PART V - CLAIM VERIFICATION

VERIFICATION: I verify that the above information and receipts provided by the witness or travel companion is true and correct to the best of my knowledge.

Printed Name and Title of Authorized Federal Government Official _____ **Signature** _____ **Date**