DISTRICT OF MAINE
CJA OTHER EXPENSE WORKSHEET

Case Number:						**Name of Defendant:**				
			Amount Per Item							
Date	**Description of Service/Expense**	**RT # Miles**	**Mileage Rate**	**Parking**	**Meals**	**Lodging**	**Copying**	**Postage**	**Toll Calls**	**Other**
	Page Totals									
	Totals									

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