THIS IS A 4-PART FORM.	FILL OUT FORM AND PRINT 4 COPIE	ES. SIGN AS NEEDED AND ROUTE AS SPECIFIED
BELOW.		

		Pag	e 1 of 3		
Check One I (was) (was not) a United States citizen at the I (was) (was not) a Federal Government employ I (Did) (did not) receive a cash or check advan	yee at the time of attendance	\$ Fro	m:		
Witness Name:	Court Doc. No:				
Social Security Number:	Case Name:	Case Name:			
Address:	District:	District:			
City: State: Zip:	Court Location:	Court Location:			
Telephone No. (including area code):	GTA Trans	nsportation Lodging			
(Retention of these fees is considered taxable income a	nd reportable to insy	Class	(Dollars) (To Be completed by US Marshals)		
A. Attendance Fees					
Deposition Dates	\$40 @ days	1126			
Grand Jury/Trial Attendance Date (Including Travel)	\$40 @ days	1156			
Pretrial Attendance Dates (Including Travel)	\$40 @ days	1194			
Detained Dates - Citizen/Visitor In Custody	\$40 @ days	1193			
Detained Dates - Deportable Alien in Custody	\$1 @ days	1195			
		Total Fees			

This form is continued on Page 2

Title of Authorized Government Official

Attendance Attestation: I attest that the witness named above attended in the case or matter indicated and is entitled to the statutory allowance for attendance and travel. In proceedings before U.S. Magistrate Judges where more than four witnesses were called, the Magistrate also attests that the approval and certificate of the Litigating

Original - USMS Trial District Office Copy 1 - Paying Office

Copy 2 - DOJ Litigating Trial Office

Trial Office were first obtained.

Signature

Copy 3 - Witness

Form OBD-3 (Revised 4-2005)

Date

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DA	RT II - Allowances					
PART II - Allowalices						
C. Travel by Carrier (Receipts required if paid by witness) (DO NOT claim if paid by Government)				2191		
Check one	Train	Bus	Airplane			
D. Travel by Privately Owned Vehicle:	Auto/Truck/Van Round trip mileage Total no. of trips					
	Le	ess advance receiv	ved \$	2192		
E. Local Transportation & Other Expension List (item and amount)						
				2193		
				2193		
F. Meals and Lodging: 1. Travel days (½ day's M&IE per day) 2. Days away from home (full day's M&IE per day) 3. Actual cost of lodging, not to exceed \$ @ \$ x Day(s) = \$ (DO NOT claim if paid by Government) (Receipts are required if paid by witness) Less advance received \$						
G. Witness Certification: I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. (If not a citizen, present your Alien Registration Record with this form)						
Witness Signature	Date	Alien Registration	n Record No.			
H. Claim Verification: Based upon the above information and receipts furnished by the witness, I verify the above information is true and correct to the best of my knowledge.						
Signature	Title of Authorized Gover	nment Official	Date	Net Amount Paid		
PART III - Certification						
THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT						
Signature		ying Officer	Date			
PART I	V - Disbursement (/	For Finance Offic	ce use only)			
Accounting Classification						
Check/Draft No.	Voucher No					
Signature	Title of Disbursing	Officer	Date			

The Privacy Act Statement and instructions for completion of this form are contained on Page 3 of this form

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INSTRUCTIONS FOR COMPLETING THIS FORM

To be completed by the witness

1. At the top of the form, check the appropriate word(s) to indicate if:

You were or were not a United States citizen at the time you appeared to testify. If you are not a citizen, you will be required to show proof of your resident or visitor status.

You were or were not a federal employee at the time you appeared to testify. The fees and allowances on this form do not apply to federal employees. If you are a federal employee, please request instructions for obtaining reimbursement.

You (DID) or (DID NOT) receive a check or cash advance for your expenses in traveling to court. If you received an advance, enter the amount and issuing office here.

Indicate and/or verify your name, Social Security Number, address, and telephone number to ensure that they are correct. This will be the address to which any reimbursement to you for fees or allowances will be mailed. Correct any erroneous information and enter any missing information.

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, in order 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. Failure to provide this information may result in delay of your compensation, and the Department of Justice will be required to notify the Internal Revenue Service that your number is unknown. This information is being provided on Form 1099 to the Internal Revenue Service.

2. PART II - Allowances

Receipts are required for travel by train, bus or air, ALL PARKING, and other single items over \$25.00. If you parked at an airport or have not yet paid your hotel/motel bill or other item requiring a receipt, it will be necessary for you to mail your receipts to the trial office. Your claim for reimbursement cannot be processed until you furnish <u>all receipts</u> for expenses that you are claiming on this Fact Witness Voucher.

Please note: EXPENSES ASSOCIATED WITH YOUR TRAVEL BY YOUR PRIVATELY OWNED VEHICLE ARE LIMITED TO NO GREATER THAN THE COST OF COACH AIRFARE.

The remaining portion of Part II will be completed for you by the Federal government employee assigned to assist you, with the exception of the Witness Certification.

G. Witness Certification: Verify that all items under Part II are correct. Any changes to Part II must be effected and signed by the Federal government employee assigned to assist you. Sign you full legal name and the date. If you are not a United States citizen, you will be requested to show proof of your resident or visitor status.

Falsification of an item may constitute a forfeiture of claim (28 U.S.C., Section 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).

Section B of Part I must be signed by an employee of the office that requested the appearance of the witness. Additionally, Section H of Part II must be signed by an employee of the requesting office attesting to the accuracy and completeness of the expenses claimed by the witness before the form is transmitted to the U.S. Marshals Service for payment. The U.S. Marshals Service will process the Fact Witness Voucher and MAIL payment to you at the address indicated on the first page of this form. If you require funds to return home, you must bring this fact to the attention of the individual assigned to assist you.

INSTRUCTIONS TO COMPLETING OFFICE

Section H of Part II must be signed by an employee of the office who requested the appearance of this witness, before the form is transmitted to the United States Marshals Service. Any revisions to Part II must be initialed by a Federal government employee. Changes made to Part II by the witness will not be honored.

All receipts for claims made in Part II must be attached to the Form OBD-3 before it is transmitted to the United States Marshals Service for payment.

Distribution of the Form OBD-3 shall be as follows: The ORIGINAL signed, completed form is retained by the U.S. Marshals Service. One COPY of the signed, completed form is provided to the Paying Office; one COPY is provided to the DOJ Litigating Trial Office; and one COPY is provided to the witness.