

Contract/Purchase Order No.:

Date:

Part I – Request for Services

1. Requesting Official (Name & Title)	2. Signature of Requesting Official	3. Point of Contact (Name and Tel.) Telephone:	4. Date of Request
5. Preparer (Name & Tel.)	6. Originating Office (Name & Address) [REDACTED]	7. Case Name, Court & Ct. Docket No.	8. DJ File No./USAO No.
9. Contractor (Name and Tel.) Telephone:	10. Contractor Mailing Address	11. Contractor TIN or SSN (individual)	12. Contractor Specialty

13. Reason for Request (Place an "X" in the applicable Box in the Left Column)

<input type="checkbox"/>	13.a. Expert Testimony on Behalf of U.S.
<input type="checkbox"/>	13.b. Deposition Conducted by DOJ Attorney
<input type="checkbox"/>	13.c. Medical Examination of Plaintiff/Witness/Defendant in Contemplation of Testimony on Behalf of U.S.
<input type="checkbox"/>	13.d. Examination Under 18 USC 4241, Mental Competency to Stand Trial Only
<input type="checkbox"/>	13.e. Dual Purpose Psychiatric Examination (Time of Offense and Competency to Stand Trial) on the motion of:
<input type="checkbox"/>	13.f. ADR Neutral Services
<input type="checkbox"/>	13.g. Litigative Consultant Services
<input type="checkbox"/>	13.h. Other (explain below):

Attach the Statement of Work to this Form

14. Negotiated Contractor Rates, Estimated Expenses, and Performance Dates (**Note: Expenses incurred must be supported by receipts**)

Service/Expense	Performance Dates (From-To)	Hour/Day	Quantity	Rate	Total
14.a. Examine Case	-	Hour			\$ 0.00
14.b. Prepare Testimony	-	Hour			\$ 0.00
14.c. Court Testimony	-	Hour			\$ 0.00
14.d. Deposition	-	Hour			\$ 0.00
14.e. Litigative Consultant/Neutral	-	Hour			\$ 0.00
14.f. Per Diem (if not part of fee)		Day			\$ 0.00
14.g. Privately Owned Vehicle (NTE coach rate)		Mile			\$ 0.00
14.h. Common Carrier Transportation Via GTA					
14.i. Common Carrier Transportation Reimbursed					
14.j. Miscellaneous					
14.k. Total Estimated Expenses					\$ 0.00

15. Submit Invoices & EFT Information to:

U.S. Attorney's Office, SDNY
Budget & Fiscal Unit[REDACTED]
or email: [REDACTED]

16. Payment will be made by: (Place an "X" in the applicable Box and fill-in if not JMD/Finance)



Box 15

