

RECEIPT FOR LAY WITNESS FEES AND EXPENSES

County _____ Case Number _____

Client _____ Counsel _____

I, _____, acknowledge receipt of \$ _____
from _____ for fees and expenses as shown below.

Witness fee	\$
Mileage	\$
Lodging	\$
Meals	\$
Other travel expenses*	\$
Total	\$

Signature of recipient

Date signed

*Please describe _____

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