

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORK**

**DISTRICT COURT FUND EXPENSE REIMBURSEMENT VOUCHER**

\_\_\_\_\_ vs. \_\_\_\_\_ CV \_\_\_\_\_

I, \_\_\_\_\_, duly appointed as counsel to represent \_\_\_\_\_  
in the above entitled action, pursuant to Local Rule of Civil Procedure 83.1(h), hereby request reimbursement from the  
District Court Fund of the following expenses incurred in the representation of my client before this Court:

Fees of the court reporter for transcripts or depositions  
necessary for the preparation of the case ..... \$ \_\_\_\_\_

Fees for investigative or expert services (with prior Court approval) ..... \$ \_\_\_\_\_

Travel expenses (with appropriate approval) ..... \$ \_\_\_\_\_

Fees for service of papers ..... \$ \_\_\_\_\_

Fees for witnesses (itemized with supporting documentation) ..... \$ \_\_\_\_\_

Fees for interpreter services ..... \$ \_\_\_\_\_

Expenses of photocopies, photographs, postage, toll calls, telegrams, etc.  
necessary for the preparation of the case (itemized with supporting  
documentation) ..... \$ \_\_\_\_\_

Other expenses (with prior Court approval if greater than \$500; and  
itemized with supporting documentation) ..... \$ \_\_\_\_\_

**TOTAL**                      \$ \_\_\_\_\_

**SPECIAL NOTE: Submit voucher and attach documentation for requested payments in all categories to:  
U.S. District Court, ATTN: Finance Dept., 2 Niagara Square, Buffalo, NY 14202-3350.**

**I certify that the expenses noted above are reasonable and necessary. I further understand that, absent extraordinary circumstances, cumulative expenses in this matter are limited to \$5,000.00. If requesting reimbursement for more than \$5,000.00, I acknowledge the requirement to provide an Affidavit stating the extraordinary circumstances and such Affidavit is attached hereto.**

Signature of Payee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Payee's Social Security Number or Employer I.D. Number: \_\_\_\_\_ \*

\* Attached AO-213 must be completed for disbursing and 1099-MISC purposes.

It is Ordered that payment from the District Court Fund be made in the amount of \$ \_\_\_\_\_.

Signature of Presiding Judicial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

*For Use By Financial Section Only:*

*Paid* \_\_\_\_\_ *Initials* \_\_\_\_\_

**REQUEST FOR VENDOR INFORMATION AND TIN CERTIFICATION**

Refer to the instructions page for further information on completing this form.

*Note: Typed forms and forms that include a populated Type of Vendor may result in more efficient and precise processing. \*\*For handwritten forms, please see the General Instructions for the list of options for the Type of Vendor, Part 5 - U.S. Tax Classification, and Part 8 - Account Type drop down menus.***\*\*Type of Vendor****Intern vendors only (effective end date):****Part 1 Payee Information**

Line 1. Payee Name:

Line 2. Additional payee information: *(if applicable)***Part 2 Business Name** *(if different from above)***Part 3 Enter only *one* TIN in the appropriate box.** The TIN must match the name given in Part 1, Line 1.EIN: - or SSN: - -**Part 4 SAM UEI #** *(if applicable)***Part 5 \*\*Select the appropriate U.S. tax classification for person or entity listed in Part 1, Line 1.****Part 6 Mailing Address** *(where payments, orders, and IRS 1099 forms, as applicable, will be sent)*

Street address:

City: State: Zip code:

Point of Contact *(if different from Part 1, Line 1 above)* Name:Phone #: *(no dashes)* Email address:**Part 7 Additional Address Information** *(if different from above)*

Street address:

City: State: Zip code:

**Part 8 Electronic Funds Transfer (EFT) Information**

Owner(s) name as it appears on bank account:

Bank Name:

**\*\*Select an Account Type:** Routing # (9 digits):Account Number: *(do not include check number)***Part 9 Certification****Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Sensitive information must be securely maintained and only visible to designated staff.***

## General Instructions

**Purpose of the AO 213:** The Judiciary utilizes the AO 213 to collect information necessary to facilitate payment. For many payments, the Judiciary is required to file an information return (e.g., 1099-MISC; 1099-NEC; 1099-INT) with the IRS and, therefore, must obtain payees' correct names and associated TINs to do so. If a TIN is not provided, a payee may be subject to backup withholding – situations where the Judiciary must withhold a certain percentage to ensure the IRS receives any tax due on the payment.

Payments disbursed by the Treasury on the Judiciary's behalf must collect payee TINs to comply with the Treasury's TIN Policy.

Payee TINs, obtained through this form, may be used by the government to collect and report on any delinquent amounts arising out of the payee's relationship with the government.

**\*\*Vendor Type:** Select the option from the Vendor Type drop down menu that most accurately reflects current business operations or type of individual requiring a payment from the Judiciary.

The following are the available choices for this drop down menu:

- Billing/Accounts Receivable
- Business Entity
- Court Reporter
- Fed Pub Defender
- Intern
- Juror
- Other

**Intern vendors,** enter the effective end date only if intern vendor is selected in the Type of Vendor drop down.

### Part 1, Line 1

Do not leave this line blank. Enter only one name for you or your entity. The name should match the name on your or your entity's U.S. tax return.

Name or Entity	Instructions
Individual	Enter the name shown on your U.S. tax return. If you have changed your last name without informing the Social Security Administration of the name change, enter your first name, the last name as shown on your social security card, and your new last name. For Individual Taxpayer Identification Number (ITIN) applicants, enter your name as it was entered on your IRS form W-7 application, line 1a.
Sole Proprietor or Single Member LLC	Enter the name shown on the IRS 1040/1040A/1040EZ. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Partnership, LLCs, or Corporations (except Single-Member LLCs)	Enter entity name as shown on the entity's U.S. tax return in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Medical and Healthcare Providers	Enter the name shown on the IRS 1040/1040A/1040EZ. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Other Entities (e.g., trusts, non-profit entities, government agencies)	Enter entity name as shown on the entity's U.S. tax return in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.

### Part 1, Line 2

If this form is being completed so that payment may be payable to more than one person or entity, enter in Part 1, Line 1 the name of the person or entity whose TIN you entered in Part 3. Additional names (e.g., "and" or "or") or additional information for payments (e.g., "care of") must be entered in Part 1, Line 2.

If payments are to be made to . . .	Then enter the following . . .
Payee 1 AND Payee 2, co-owners of a joint account	Payee 1's name in Part 1, Line 1; Payee 2's name in Part 1, Line 2; Payee 1's name in Part 3.
Payee 1, Payee 2, AND Payee 3	Payee 1's name in Part 1, Line 1; Payee 2's name and Payee 3's name in Part 1, Line 2; Payee 1's name in Part 3.
Payee 1, Payee 2, OR Payee 3	Payee 1's name in Part 1, Line 1; Payee 2's name OR Payee 3's name in Part 1, Line 2; Payee 1's name in Part 3.
Payee 1, CARE OF (c/o) Power of Attorney	Payee 1's name in Part 1, Line 1; C/O Power of Attorney name in Part 1, Line 2; Payee 1's name in Part 3.

**Part 2**

If you have a business or DBA name, you may enter it in Part 2.

**Part 3**

Enter your or your entity's TIN in the appropriate box. The TIN must be the TIN associated with the one person or one entity listed in Part 1, Line 1. If you are a resident alien and you do not have – and are not eligible to get – an SSN, your TIN is your ITIN. Enter it in the social security number box. If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Part 4**

If applicable, enter your 12 alpha-numeric SAM Unique Entity Identifier (SAM UEI).

**Part 5**

**\*\*U.S Tax Classification:** Select the appropriate box in Part 5 for the U.S. tax classification of the person or the entity's whose name is entered in Part 1. The following are the available choices for this drop down menu:

- Attorney or Law Firm (including LLCs and corporations)
- C Corporation (non-health/medical care provider nor attorney/law firm)
- S Corporation (non-health/medical care provider nor attorney/law firm)
- Government Entity (fed, state, local)
- Individual
- LLC - C Corp (non-health/medical care provider nor attorney/law firm)
- LLC - S Corp (non-health/medical care provider nor attorney/law firm)
- LLC - Partnership (non-health/medical care provider nor attorney/law firm)
- Medical or Health Care Provider (including LLCs and Corporations)
- Non-Profit
- Partnership
- Single-member LLC
- Sole Proprietor
- Trust/Estate

**Part 6**

Enter your address (number, street, and apartment or suite number). This is where any information returns (e.g., 1099-MISC; 1099-NEC; 1099-INT), if applicable, will be mailed.

A point-of-contact (POC), email, and phone number may be entered, if desired. A POC must be entered should the POC differ from the entity or individual in Part 1, Line 1.

**Part 7**

If you have an additional address other than the address provided in Part 6, such as a physical address different from the mailing address for information returns, you may enter it here.

**Part 8**

The Routing Number must be nine digits. If you are unsure of your banking information, consult your financial institution.

**\*\*Account Type:** You must identify your account as either checking or savings to ensure our payment is accepted by your financial institution.

The following are the available choices for this drop down menu:

- Checking
- Savings

**Part 9**

You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

For item 3, you are considered a U.S. person, for federal tax purposes, if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in, or under the laws of, the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in 26 CFR 301.7701-7).