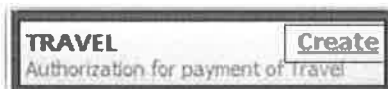


Creating a Travel Authorization

Step 1

On the Appointment page, in the Create New Voucher section, click the **Create** link next to TRAVEL.



Step 2

The Basic Info page appears. The Travel Agency to be Used section auto-populates.

Basic Info Authorization Request Documents Confirmation

Basic Info

I. CLIENT INFO CASE NUMBER: 0101	II. PERSON REPRESENTED REPRESENTED BY: Jebadiab Brinson	III. APPEAL OR CASE NUMBER	IV. OTHER SERVICE NUMBER
V. CASE MATTER OF (Case Name) USA v. Brinson	VI. PAYMENT CATEGORY Fines (including pre-trial diversion of charges felony)	VII. FINE PERIOD REPRESENTED Adult Detention	VIII. REPRESENTATION TYPE Criminal Case
IX. OFFENSE CHARGES			
X. DEFENSE VIOLATION PENALTIES			
XI. DEFENSE FIRM MAILING ADDRESS Address Address 110 Main Street San Antonio TX 78210 Phone: 210-513-1223 Cell phone: 210-513-1214 Email: lisa_smith@ntsc.com		XII. COURT ORDER <input type="checkbox"/> A Arrested <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> D Federal Defender <input type="checkbox"/> F Side for Federal Defender <input type="checkbox"/> L Licensed Counsel (Legal Only) <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Side for Panel Attorney <input type="checkbox"/> R Side for Scaled Attorney <input type="checkbox"/> S Pro Se <input type="checkbox"/> T Tax Court Attorney <input type="checkbox"/> U Side for PIA <input type="checkbox"/> X Public Defender <input type="checkbox"/> Y Standby Counsel	
XIII. LAW FIRM NAME AND MAILING ADDRESS		Other Attorney Name Appointment Date: Signature of Presiding Judge or By Order of the Court: Albany A. Jefferson Date of Order: 03/2014 Repayment: <input type="checkbox"/> VEE <input type="checkbox"/> NO	
Travel Agency to be Used National Travel Service (NTS) v National Travel Service (NTS) 707 Virginia Street East Suite 100 Charleston, WV 25301 Phone: (800) 445-0660 Fax: Email:			

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Step 3

Click the **Authorization Request** tab or click **Next** on the progress bar. Complete all required fields marked with red asterisks and then click **Add**. The information appears in the table at the bottom of the screen. Click **Save**.

Basic Info **Authorization Request** Documents Confirmation

Request For Travel*

* Required Fields

Name and Title of Person Traveling: Andrew Anders

Address of Person Traveling: 123 Way
San Antonio, TX 78229

Travel From Location: San Antonio, TX

Travel To Location: Los Angeles, CA

Estimated Dates of Travel: 5/25-5/28

Travel Requested: *	Estimated Cost:	Instructions for requesting amounts for the travel items:
Airline Tickets via CJA Government Travel Agency:	300.00	Complete the estimated dollar amount for each applicable line. The "Total Estimated Cost" field is automatically calculated based on the estimated amounts entered in the Travel line items. Complete information for one traveler per form.
Ground Transportation:	20.00	
Subsistence (Hotels & meals):	100.00	
Other:		

Total Estimated Cost: 420.00

Total Authorized:

Purpose and Justification: Travel to talk to witness.

Court Notes:

Add Remove

* All travel and expenses must be in compliance with government travel regulations. Actual cost of hotel and meals up to the established per diem rate. Expenses for travel for one day or last day is up to the M&IE rate.

To group by a particular header, drag the column to this area.

Traveler	Travel From	Travel To	Travel Dates	Purpose and Justification	Estimated	Authorizes	Court Notes
Andrew Anders	San Antonio, TX	Los Angeles, CA	5/25-5/28	Travel to talk to witness.	420.00		

1 Page 1 of 1 (1 Items)

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Note: Enter in the Estimated Cost of the Airline Ticket. Do not enter in the amounts for Ground Transportation or Per Diem. These costs are entered on the CJA 20 (attorney) or CJA 21 (expert) voucher. Justification for Request should read "Please see attached letter to Court."

Step 4

Click the **Documents** tab or click **Next** on the progress bar. Click **Browse** to locate your file and then add a description of the attachment. Click **Upload**. The attachment and description are added to the voucher and appear in the Description column.

Basic Info Authorization Request **Documents** Confirmation

Supporting Documents

File Upload (Only Pdf files of 10MB size or less!)

File C:\Users\JaimeLongoria\ Browse...

Description Travel Receipts

Upload

Description	Delete	View
Travel Receipts	Delete	View

<< First < Previous **Next**> Last>>

Save Delete Draft Audit Assist

Note: All documents must be submitted in PDF format and must be 10MB or less.

Step 5

Click the **Confirmation** tab or click **Next** on the progress bar. In the **Public/Attorney Notes** field, you can include any notes to the court. Select the check box to swear and affirm to the accuracy of the authorization which is automatically time stamped. Click **Submit**.

Basic Info Services Expenses Documents **Confirmation**

Confirmation

1. CTR. BUSY DIV CODE 0101		2. PERSON REPRESENTED Jebediah Branson		VOUCHER NUMBER			
3. MAG. DKT/DEF NUMBER		4. DIST. DKT/DEF NUMBER 1:14-CR-08805-1-AA		5. OTHER DKT/DEF NUMBER			
6. IN CASE MATTER OF (Case Name) USA v. Branson		7. PAYMENT CATEGORY Felony (including pre-trial diversion of a Degeed felony)		8. TYPE FEE/EN REPRESENTED Adult Defendant			
9. OFFENSE CHARGED		10. REPRESENTATION TYPE Criminal Case					
11. 18133 F INSPECTION VIOLATION PENALTIES							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED Transcript							
13. PROCEEDING TO BE TRANSCRIBED (describe specifically). NOTE: The total transcripts are not to include prosecution opening Transcript							
14. SPECIAL AUTHORIZATIONS				JUDGE'S INITIALS			
A. Apportioned Cost % of transcript with							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> 3-Day <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. Andrew Anders /S/ 1/21/2016 14:48:16 Signature of Attorney Date Andrew Anders Printed Name Telephone Number: 210-833-5623			16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. Albert Albertson Signature of Presiding Judge or By Order of the Court 01/21/2016 Date of Order Nunc Pro Tunc Date				
CLAIMS FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND ADDRESS LeVar Expert, Inc. AO-CMSO Washington DC 20544 US Phone: 202-502-2965				
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE TIN: XX-XXXXXXX							
20	TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
	Original	see detail	0	see detail	\$0.00	see detail	\$0.00
	Copy	see detail	0	see detail	\$0.00	see detail	\$0.00
	Expenses (charges)						\$0.00
TOTAL AMOUNT CLAIMED							\$0.00
21. CLAIMANT CERTIFICATION OF SERVICE PROVIDED <small>I hereby certify that the above claim is for services rendered and is correct, and that I have not sought payment for payment or anything of value, from any other source for the services.</small>							
Signature of Claimant/Payee:				Date:			
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK: I hereby certify that the services were rendered and that the transcript was received. Signature of Attorney or Clerk: _____ Date _____							
APPROVED FOR PAYMENT - COURT USE ONLY							
23. APPROVED FOR PAYMENT Signature of Judge or Clerk of Court _____ Date _____ Approved Amount _____							
Public/Attorney Notes							
Attention: The notes you enter will be available to the next approval level.							
<input checked="" type="checkbox"/> I swear and affirm the truth or correctness of the above statements Date: 4/20/2020 22:12:0							
Submit							

« First Previous Next » Last » Save Delete Draft Audit Assist

Step 6

A confirmation screen appears, indicating the previous action was successful and the voucher has been submitted. Click the **Home Page** link to return to the home page. Click the **Appointment Page** link if you wish to create an additional document for this appointment.

Success

Your voucher has been submitted for payment. You will receive a notification if we need more details.
Please keep the following voucher number for your own records:

0101.0000162

Back to:

[Home Page](#)
[Appointment Page](#)