

Trial Level Photocopying & Printing Expense Reimbursement Form

This form should be completed at the end of your representation and submitted to: ACD@opd.wi.gov

Client Name: _____

SPD ID #: _____

In-office copying and printing is reimbursed at \$0.10/page. Out-of-office copying and printing is reimbursed up to \$0.10/page and requires a receipt. If an expense is expected to be over \$50.00, you must first submit an expense request for approval.

- I hereby certify the following expense for printing one copy of client file materials provided to me in electronic format in the above matter.
- I hereby certify the following expense for photocopying one copy of client file materials provided to me in paper format in the above matter.

Number of pages copied or printed = _____

Page rate (up to 10¢/page) = _____

Total expense = _____

Attorney Signature: _____ Date: _____

Print Name: _____

In the event of an audit, an attorney claiming in-office printing expenses will be asked to provide independent verification of pages received.