

Federal Deposit Insurance Corporation
LEGAL INVOICE FOR FEES AND EXPENSES

SECTION I – LAW FIRM AND INSTITUTION INFORMATION

| | | | |
|--------------------------------------|---------------------|---|----------|
| Matter Number | | Matter Caption | |
| Institution Number | Name of Institution | | |
| | City | State | ZIP Code |
| Federal Tax Number | Firm's Name | | |
| Vendor Number | Address | | |
| | City | State | ZIP Code |
| Law Firm Contact Attorney | | Telephone Number <i>(Include Area Code)</i> | |
| Law Firm Accounts Receivable Contact | | Telephone Number <i>(Include Area Code)</i> | |
| FDIC Office Location | FDIC Attorney | Telephone Number <i>(Include Area Code)</i> | |

SECTION II – CURRENT BILLING INFORMATION

| | | | |
|-----------------------|--|--------------------|--|
| Invoice Number: _____ | Billing Period Date <i>(MM/DD/YYYY)</i> From: ___ / ___ / ___ Through: ___ / ___ / ___ | | |
| FEES BILLED | EXPENSES BILLED | GRAND TOTAL | |
| | | | |

SECTION III – CERTIFICATION

I certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that all charges for legal services and disbursements reflected herein are in accordance with our Legal Services Agreement with the Legal Division and the Division's Outside Counsel Deskbook.

| | |
|---|---|
| Name of Authorized Law Firm Representative <i>(Print legibly or type)</i> | Title of Authorized Law Firm Representative |
| Signature of Authorized Law Firm Representative | Date |

PAPERWORK REDUCTION ACT NOTICE

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