

Federal Deposit Insurance Corporation  
**LEGAL SUPPORT SERVICES (LSS) PROVIDER**  
**INVOICE FOR FEES AND EXPENSES (IF&E)**

MATTER NUMBER	MATTER CAPTION
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**SECTION I – FIRM AND INSTITUTION INFORMATION**

INSTITUTION NUMBER	FINANCIAL INSTITUTION NAME		
	CITY	STATE	
FEDERAL TAX ID NUMBER	LSS PROVIDER NAME		ADDRESS
	CITY	STATE	ZIP CODE
LSS FIRM PROVIDER CONTACT			TELEPHONE NUMBER
LSS FIRM PROVIDER ACCOUNTS RECEIVABLE CONTACT			TELEPHONE NUMBER
FDIC OFFICE LOCATION	FDIC ATTORNEY	TELEPHONE NUMBER	

**SECTION II – CURRENT BILLING INFORMATION**

INVOICE NUMBER	BILLING PERIOD DATE (MM/DD/YYYY)	
	FROM:	THROUGH:
ACTION	FEES BILLED	EXPENSES BILLED
Court Reporting Services	\$	\$
Appraisal Services	\$	\$
Copy/Imaging Services	\$	\$
Escrow Services	\$	\$
Registered Agent Services	\$	\$
Title Company Services	\$	\$
Other Services (Specify)	\$	\$
SUBTOTAL: Fees Invoiced		\$
SUBTOTAL: Expenses Invoiced		\$
INVOICE GRAND TOTAL		\$

**SECTION III – CERTIFICATION**

I certify that the information contained herein is true and correct to the best of my knowledge and belief, and that all charges for legal services and disbursements reflected herein are in accordance with our retention agreement with the FDIC Legal Division.

NAME AND TITLE OF LSS PROVIDER (Print or type)	AUTHORIZED SIGNATURE	DATE
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