
Federal Deposit Insurance Corporation
LEGAL INVOICE FOR FEES AND EXPENSES

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INSTRUCTIONS: Please provide all information requested.

SECTION I - INSTITUTION INFORMATION

1. Matter Number	2. Matter Caption
3. Name of Institution	4. Institution Number
5. Address (<i>Street, City, State, ZIP Code</i>)	

SECTION II - LAW FIRM INFORMATION

6. Firm's Name	7. Federal Tax Number	
8. Address (<i>Street, City, State, ZIP Code</i>)	9. Vendor Number	
10. Law Firm Contact Attorney	11. Telephone	
12. Law Firms Accounts Receivable Contact	13. Telephone	
14. FDIC Office Location	15. FDIC Attorney	16. Telephone

SECTION III - CURRENT BILLING INFORMATION

17. Invoice Number	18. Billing Period Date From: _____ To: _____	
19. Complete the following.		
Fees Billed	Expenses Billed	Total
Grand Total		

SECTION IV - AUTHORIZED LAW FIRM REPRESENTATIVE 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.

20. Name	21. Title
22. Signature	23. Date