Federal Deposit Insurance Corporation
EXPERT INVOICE FOR FEES AND EXPENSES (EIF&E)

MATTER NUMBER	MATTER CAPTION

SECTION I – FIRM AND INSTITUTION INFORMATION

INSTITUTION NUMBER	FINANCIAL INSTITUTION NAME		
	CITY		STATE
FEDERAL TAX ID NUMBER	EXPERT FIRM NAME		ADDRESS
	CITY	STATE	ZIP CODE

EXPERT FIRM CONTACT	TELEPHONE NUMBER

EXPERT FIRM 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:

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 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 EXPERT *(Print or type)*	AUTHORIZED SIGNATURE	DATE

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