

Federal Deposit Insurance Corporation  
**EXPERT BUDGET**

**INSTRUCTIONS:** Please complete all requested information.

MATTER NO.	MATTER CAPTION
INSTITUTION NO.	EXPERT'S NAME

**SECTION I - EXPERT BUDGET INFORMATION**

FEES	EXPENSES	TOTAL

**SECTION II - EXPERT BUDGET ACKNOWLEDGMENT**

I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the Legal Division is required for any increase in the total budget amount.

AUTHORIZED EXPERT SIGNATURE	DATE (MM/DD/YYYY)
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NAME AND TITLE OF EXPERT *(Type or print)*

TELEPHONE NUMBER <i>(Include Area Code)</i>	FAX NUMBER <i>(Include Area Code)</i>
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**SECTION III - BUDGET AUTHORIZATION FOR EXPERT TO PROCEED (FDIC Legal Division Approval Only)**

FDIC ATTORNEY <i>(Recommending approval of budget)</i>	DATE BUDGET APPROVED (MM/DD/YYYY)
SIGNATURE OF DELEGATED AUTHORITY	DATE BUDGET APPROVED (MM/DD/YYYY)

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