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		
	Address		
Vendor Number	City	State	ZIP Code

Law Firm Contact Attorney	Telephone Number *(Include Area Code)*

Law Firm Accounts Receivable Contact	Telephone Number *(Include Area Code)*

FDIC Office Location	FDIC Attorney	Telephone Number *(Include Area Code)*

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, 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 *(Print legibly or type)*	Title of Authorized Law Firm Representative
Signature of Authorized Law Firm Representative	Date