LEGAL EXPENSE REIMBURSEMENT

INVOICE NUMBER
DATE

CLAIMANT / FIRM
BILL TO / CLIENT

MATTER / CASE REFERENCE
ATTORNEY / REPRESENTATIVE

Date	Description of Disbursement / Expense	Receipt No.	Amount

Subtotal $0.00
Tax (if applicable) $0.00
Total Reimbursement $0.00

NOTES / PAYMENT INSTRUCTIONS

I hereby certify that the above expenses were incurred solely for the legal matter referenced above and that original receipts are attached.

Signature of Claimant

Date Approved