
Federal Deposit Insurance Corporation
LEGAL INVOICE FOR FEES AND EXPENSES

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Page down to access form 5210/11



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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 |