ATTACHMENT B: EXPENSES PAID

(If the defendant in this matter is represented by an attorney, this form must be reviewed and signed by the attorney of record. Signature of the attorney of record does not obligate the Court to pay all of the requested fees.)

CASE TITLE:
CASE NUMBER:

(Attach original receipts pursuant to FCSC General Claim Processing Practices)

DATE	EXPENSES		AMOUNT
TOTAL			0.00

I am the attorney of record in this matter. I have reviewed this form and represent that the amount requested is reasonable considering the nature and complexity of this case.

Signature _____ Date _____ Print Name _____