

## **ATTACHMENT B: EXPENSES PAID**

(Attorney of Record or Vendor seeking compensation for services performed must be the party completing and signing this form.)

Signature of the Attorney of Record or Vendor does not obligate the Court and/or County 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			

I am the Attorney of Record or Vendor in this matter. I have reviewed this form and represent that the amount is reasonable considering the nature and complexity of this case.

Signature

Date \_\_\_\_\_

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Print Name \_\_\_\_\_

**Vendor Submissions of Claims:** I am the Attorney of Record and have reviewed and approved the above claim for submission.

Signature

Date \_\_\_\_\_

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Print Name