

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

**ANNEX 2 — REQUEST FOR INTERIM ALLOWANCE OF COMPENSATION AND EXPENSES**

Applicant \_\_\_\_\_  
Representing \_\_\_\_\_

**FEES:**

|  |                                     |
|--|-------------------------------------|
| 1. Interim Fee Request Number                        | _____                               |
| 2. Interim Fees Already Awarded and Paid to Date     | \$ _____                            |
| 3. Retainer Already Credited to Date                 | \$ _____                            |
| 4. Interim Period of Service Covered by this Request | _____/_____/____ to ____/_____/____ |
| 5. Hours of Services Performed this Period           | _____                               |
| 6. Average Hourly Rate for this Period               | \$ _____                            |
| 7. Interim Fees Requested for this Period            | \$ _____                            |
| 8. Remaining Retainer to be Credited for this Period | \$ _____                            |
| 9. Net Payment Requested for this Period             | \$ _____                            |

**EXPENSES:**

|   |          |
|---|----------|
| 1. Interim Expense Request Number                           | _____    |
| 2. Expenses Reimbursed to Date Pursuant to Interim Award(s) | \$ _____ |
| 3. Expense Reimbursement Requested for this Period          | \$ _____ |
| 4. Breakdown of Item No. 3 Total:                           |          |
| a. Travel Expense   | \$ _____ |
| b. Postage  | \$ _____ |
| c. Photocopies (max. 20¢/pg.)                               | \$ _____ |
| d. Express Mail/Messenger                                   | \$ _____ |
| e. Overtime Charges   | \$ _____ |
| f. Other Expenses (Itemize):                                |          |
| _____   | \$ _____ |
| _____   | \$ _____ |
| _____   | \$ _____ |