

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. 10¢/pg.) \$ _____
 - d. Express Mail/Messenger \$ _____
 - e. Overtime Charges \$ _____
 - f. Other Expenses (Itemize):
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____