



## Reimbursable Expenses

The following services were rendered to this claimant in connection with Claim No. CV-\_\_\_\_\_.

Date	Type of Expense (telephone, travel, postage, expert witness, and court reporter)	Notes or Comments	Cost

**Total Expenses**     \$ \_\_\_\_\_

### Summary

Total **Legal Services** (from page 1) - - - - - \$ \_\_\_\_\_

Total **Reimbursable Expenses** (from page 2) - - - - - + \_\_\_\_\_

**Total Claim**     \$ \_\_\_\_\_

I hereby certify that the statements contained herein are true and correct.

**Complete here for Corporation or Partnership**

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Payee's Signature

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Payee's Name (please print or type)

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Mailing Address

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City                                  State                                  Zip

Corp.     Partnership

**FEIN:** \_\_\_\_\_

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E-mail (please print clearly)

OR

**Complete here for Individual**

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Payee's Signature

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Payee's Name (please print or type)

---

Mailing Address

---

City                                  State                                  Zip

**SSN:** \_\_\_\_\_

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E-mail (please print clearly)

*Note: State warrant for attorney fees will be issued in name(s) as completed above.*

"An attorney shall not contract for or receive any larger sum than the amount allowed under this section." W.Va. Code §14-2A-19.