

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

Case number _____

Request for Payment of Administrative Expense

Read the instructions before filling out this form. This form is for making a request for payment of an administrative expense arising against the debtor identified above on or after June 3, 2019 through and including August 23, 2019.

THIS FORM SHOULD ONLY BE USED FOR CLAIMS THAT ARE ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. § 503(b)(1) through § 503(b)(8), and should not be used to assert a claim entitled to priority under 11 U.S.C. § 503(b)(9).

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Part 1: Identify the Administrative Expense

1. **Who is the current claimant?** _____
Name of the current claimant (the person or entity to be paid for this claim)
Other names the claimant used with the debtor _____

2. **Has this administrative expense claim been acquired from someone else?**
 No
 Yes. From whom? _____

3. Where should notices and payments to the claimant be sent?	Where should notices to the claimant be sent?	Where should payments to the claimant be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____

4. **Does this request for payment amend one already filed?**
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a request for payment for this expense?**
 No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Administrative Expense

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the administrative expense? \$ _____
CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this request for payment. In filing this request for payment, claimant has deducted all amounts that claimant owes to debtor.

8. What is the basis of the administrative expense?
Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Part 3: Sign Below

The person completing this request for payment of this administrative expense must sign and date it. FRBP 9011(b).

If you file this request for payment electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the claimant.
- I am the claimant's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Request for Payment of Administrative Expense serves as an acknowledgment that when calculating the amount of the claim, the claimant gave the debtor credit for any payments received toward the debt.

I have examined the information in this Request for Payment of Administrative Expense and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____ (mm/dd/yyyy)

Signature

Print the name of the person who is completing and signing this request for payment:

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____