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| **United States Bankruptcy Court****District of New Jersey** | **REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE** |
| In re:  | Chapter 11Case Number:  |  |
| NOTE: This form should not be used for an unsecured claim arising prior to the commencement of the case. In such instances, a proof of claim should be filed. |  |
| Name of Creditor: (The person or other entity to whom the debtor owed money or property.)Name and Addresses Where Notices Should Be Sent:  | [ ]  Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.[ ]  Check box if you have never received any notices from the bankruptcy court in this case.[ ]  Check box if the address differs from the address on the envelope sent to you by the court.  | THIS SPACE IS FOR COURT USE ONLY |
| ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  | Check here if this request: [ ]  replaces a previously filed request, dated:[ ]  amends a previously filed request, dated: |
| 1. BASIS FOR CLAIM [ ]  Goods Sold [ ]  Services performed [ ]  Money loaned [ ]  Personal injury/wrongful death [ ]  Taxes[ ]  Other (Describe briefly)  |  [ ]  Retiree benefits as defined in 11 U.S.C. §1114(a)[ ]  Wages, salaries and compensations (Fill out below)Provide last four digits of your social security number \_\_\_\_\_\_\_\_\_\_\_\_  |
| 2. DATE DEBT WAS INCURRED:  |  |
| 1. TOTAL AMOUNT OF REQUEST AS OF ABOVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges. |
| 4. Secured Claim[ ]  Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: [ ]  Real Estate [ ]  Motor Vehicle[ ]  Other (Describe briefly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value of Collateral: $ [ ]  Check this box if there is no collateral or lien securing your claim. |  |
| 5. **Credits**: The amount of all payments have been credited and deducted for the purposes of making this request for payment of administrative expenses.6. **Supporting Documents**: *Attach copies of supporting documents*, such as purchase orders, invoices, itemized statements of running accounts, contracts as well as any evidence of perfection of a lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 7. **Date-Stamped Copy**: To receive an acknowledgment of the filing of your request, enclose a self-addressed envelope and copy of this request. | This Space Is For Court Use Only |
| **Date:** | Sign and print below the name and title, if any, of the creditor or other person authorized to file this request (attach copy of power of attorney, if any).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | *Penalty for presenting fraudulent claim:* Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. |

NOTE: The filing of this request will not result in the scheduling of a hearing to consider payment of your administrative claim but will result in the registry of your administrative claim with the Bankruptcy Court. If you wish to have a hearing scheduled on your claim, you must file a motion in accordance with D.N.J. LBR 3001-1(b). *rev.8/1/15*