D.N.J. Local Form 23

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE
In re	Chapter 11 Case Number	
NOTE: This form should not be used for an unsecured claim arising prior to the commencement of the case. In such cases, a proof of claim should be filed in accordance with Official Form 10.		
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:		
3. 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 Bankruptcy Rule 9013.