

REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE

Note: Use this form to request payment of an administrative expense arising after commencement of the case pursuant to 11 U.S.C. § 503(a).* For a prepetition claim, use Official Form B10 – Proof of Claim.



UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
1132 Bishop Street, Suite 250
Honolulu, Hawaii 96813

hib_3001-2 (12/09)

Debtor:		Chapter:		Case No.:	
Joint Debtor:		Amount requested:			
Name of Creditor:					
Check this box to indicate that this request amends a previously filed request.		Claims Register No.: _____ (if known)		Filed on: _____	
Address for notices:		Address for payment (if different from address for notices):			
Phone:		Type of expense and brief description of basis for claim:			
Last 4 digits of account number by which creditor identifies debtor, or if creditor is employee, last 4 digits of employee's Social Security Number.					
Date or period expense incurred:					
Credits and Setoffs. The amount of all payments on this administrative claim has been credited for making this request. The creditor making this request has deducted all amounts, if any, that the creditor owes to the debtor.					
Supporting Documents. Attach redacted (showing only last 4 digits of any Social Security, Tax ID, or financial account number) copies of any documents that support this request, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, and security agreements. <u>Copies of documents must be 8.5 x 11 inches in size; smaller or larger documents will not be accepted for filing.</u> If documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS – THEY MAY BE DESTROYED AFTER RECORDING IN THE COURT'S FILING SYSTEM.					
Date:		Signature: <i>The person filing this request must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</i>			
/s/ _____ Signature		_____ Title		_____ (if original signature, print name above)	

***Do not use this form for requesting compensation or reimbursement of expenses for attorneys, accountants, and other professionals under 11 U.S.C. § 330(a) – an application for compensation must be filed (see LBR 2016-1). To request payment of debtor's attorney fees governed by the Chapter 13 Attorney Fee Guidelines, use local form hib_3070-2a2 – Request for Payment of Administrative Expense: Compensation for Debtor's Attorney in Chapter 13 Case.**

Note: File this request in the claims register of this case. No hearing will be set and there may be no action regarding the allowance and payment of the expense until such time as the trustee seeks approval of a final distribution of estate assets or distributions are made under a confirmed plan in a Chapter 11 case. If immediate allowance and payment is sought, a motion to compel payment of an administrative expense must be filed and a hearing date obtained (see LBR 9013-1(c)).