# COURT FILING FEES REIMBURSEMENT RECEIPT

LEGAL SERVICES DIVISION

---

**Receipt No:** _____ **Date:** _____

**Case Title:** _____ **Matter No:** _____

**Court:** _____ **Jurisdiction:** _____

**Client Name:** _____

| ITEM | DESCRIPTION OF FILING / COURT FEE | DATE INCURRED | AMOUNT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| **Subtotal:** | |
| **Processing Fee:** | |
| **Total Paid:** | |

**Method of Reimbursement:**

☐ Cash ☐ Check (No. _____ ) ☐ Credit / Debit ☐ Bank Transfer

_____ _____

Prepared By (Authorized Representative) Received & Approved By