

**FORMS ARE GENERIC SUGGESTIONS. PARTIES AND THEIR ATTORNEYS SHOULD REVISE THEM TO ADDRESS THE UNIQUE CIRCUMSTANCES OF EACH CASE.**

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF FLORIDA  
\_\_\_\_ DIVISION  
[www.flmb.uscourts.gov](http://www.flmb.uscourts.gov)

In re \_\_\_\_\_, )  
 )  
 ) Case No. \_\_-\_\_-bk-\_\_\_\_-\_\_\_\_  
 ) Chapter \_  
Debtor\*. )  
\_\_\_\_\_ )

**APPLICATION FOR PAYMENT OF ADMINISTRATIVE EXPENSE**

Movant, [insert name of Movant], requests entry of an order allowing payment of an administrative expense and states:

1. Debtor filed this Chapter \_\_\_\_ [insert chapter number] bankruptcy case on [insert petition date].
2. [Describe the basis for the administrative expense claim and include the name of person or entity who should receive payment].
3. [List the amount of the administrative expense requested to be paid].

WHEREFORE, Movant respectfully requests that the Court enter an order approving this Application, approving the payment of the requested administrative expense, and for such further relief as the Court deems appropriate.

Dated: [insert date].

\_\_\_\_\_  
/s/ Signature  
Attorney Name  
Attorney Bar No.  
Attorney E-Mail  
Attorney Address  
Attorney Phone Number  
Attorney for [insert name of client]

\_\_\_\_\_  
\* All references to "Debtor" include and refer to both debtors in a case filed jointly by two individuals.

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**PROOF OF SERVICE**

A true and correct copy of the foregoing Application has been sent by either electronic transmission or by U.S. Mail on \_\_\_\_\_ to:

\_\_\_\_\_  
/s/ Signature  
Attorney Name