

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Fees Approved				Month	FEBRUARY				Year	2023		
2													
3												If greater than \$1,000	
4	Name/ Number of Court	Name of Judge/Master/Referee Approving Payment	Case Number	Case Style	State Bar No.	Name of Person Appointed	Position to Which Appointed (select one)	Appointee is (select one)	Date of Approval of Fee	Source of Fee (select one)	Amount Approved	No. Hours Billed	Amount of Billed Expenses
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18	This form is for tracking purposes only and will not be accepted as a monthly report. The information must be entered into the reporting database.												