



# STATE OF CONNECTICUT

## PUBLIC UTILITIES REGULATORY AUTHORITY

### **STAKEHOLDER GROUP COMPENSATION ITEMIZED EXPENDITURES**

#### ***Instructions:***

You may request payment for reasonable attorneys' fees, reasonable expert witness fees, and other reasonable costs for preparation and participation. Compensation will not be awarded for expenses not accompanied by documentation.

Please use the template below, including additional pages as necessary. Attach all invoices and receipts relating to each expense. Please combine all invoices and receipts into one attachment, if possible.

#### **I. Applicant Information**

1. Stakeholder Group Name: \_\_\_\_\_
2. Docket Number: \_\_\_\_\_
3. Docket Name: \_\_\_\_\_

## II. Expenditures Template

Expense	Amount	Description	Incurred or Planned Expense?	Invoice or Receipt Attached?	Advance Payment Sought?	Change from Budget?	Difference
Expert witness fee, Jane Doe	\$ 450.00	3 hours at \$150/hour, subject to cross-examination by Authority staff	Incurred	Receipt	✓	More hours	\$ 150.00
Attorney Fee, Terry Smith	\$1,200.00	6 hours at \$200/hour, review of case law and docket	Incurred	Invoice		Fewer hours	(\$200.00)
Attorney Fee, Terry Smith	\$ 875.00	3.5 hours at \$250/hour, Atty. Smith attended the October 2 technical meeting to conduct cross-examination of the X panel	Incurred	Invoice		None	\$ 0.00
<b>Total Amount:</b>							

Expense	Amount	Description	Incurred or Planned Expense?	Invoice or Receipt Attached?	Advanced Payment Sought?	Change from Budget?	Difference
<b>Total Amount:</b>							

**Signature of Authorized Representative**

I, \_\_\_\_\_, am an authorized representative of the Applicant Stakeholder Group. I have read section 15 of Public Act 23-102, and I swear that the information provided in this document is true and accurate to the best of my knowledge. I understand that compensation may be denied due to failure to provide the required information and supporting documentation.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*