

Verivest Sample

Name: 1234 Sunshine

Purpose of Expense: **Indemnification Expenses**

Total Reimbursement Due: **300,000**

Month: **Jun-22**

Submitted on: **15-Jun-22**

Item	Date	Description of Expense / Meeting Purpose and Attendees						Total in USD
1								
2	1-Jun-22	Settlement Paid by 1234 Sunshine						\$300,000.00
3								\$0.00
4								\$0.00
5								\$0.00
6								\$0.00
7								\$0.00
8								\$0.00
9								\$0.00
10								\$0.00
11								\$0.00
12								\$0.00
13								\$0.00
14								\$0.00
15								\$0.00
16								\$0.00
17								\$0.00
18								\$0.00
19								\$0.00
Totals:			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Reimbursement **\$300,000.00**

VERIFICATION: I attest that all indemnification expenses itemized in this report are true, accurate and eligible for reimbursement.

signed:

dated: **6-15-2022**