

Law Firm Name

Address Line 1

Address Line 2

Phone: (XXX) XXX-XXXX

Email: info@lawfirm.com

Attorney Billing Statement

Statement Date: _____**Statement #:** _____**Billed To:**

Client Name

Client Address Line 1

Client Address Line 2

Date	Description of Services	Hours	Rate	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal _____

Taxes _____

Payments/Credits _____

Balance Due _____**Terms:** Payment due within 30 days of statement date.

Thank you for your business.