

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.