

Attorney Billing Statement

Law Firm Name: _____
Address: _____
Phone: _____
Email: _____

Client Information

Client Name: _____
Client Address: _____
Statement Date: _____
Billing Period: _____

Billing Details

Date	Description of Services	Hours	Rate	Amount
____/____/____	_____	____	____	____
____/____/____	_____	____	____	____
____/____/____	_____	____	____	____
Subtotal				_____
Expenses				_____
Payments/Credits				_____
Total Due				_____

Payment Instructions

Please make payment to: _____
Due Date: _____
Notes: _____