

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: _____