

# Attorney Client Billing

Law Firm: \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

## Bill To

Client Name: \_\_\_\_\_  
Client Address: \_\_\_\_\_  
Case/Reference #: \_\_\_\_\_

## Services Rendered

| Date  | Description | Hours | Rate  | Amount |
|-------|-------------|-------|-------|--------|
| _____ | _____       | _____ | _____ | _____  |
| _____ | _____       | _____ | _____ | _____  |
| _____ | _____       | _____ | _____ | _____  |

|                        |       |
|------------------------|-------|
| Subtotal:              | _____ |
| Taxes (if applicable): | _____ |
| Total Amount Due:      | _____ |

## Payment Instructions

Please make payment to:

Special Instructions:

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Client Signature