

# 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