

# Attorney Billing Document

Attorney / Firm Name

Address

Phone

Email

Client Name

Client Address

Date

Invoice #

## Billing Details

Date	Description of Service	Hours	Rate	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Subtotal				_____
Taxes/Other				_____
Total				_____

Payment Terms

Authorized Signature

Date: \_\_\_\_\_