

Client Fee Statement

Law Firm Name
Address Line 1
Address Line 2
Phone: (____) ____-____ | Email: info@lawfirm.com
Date: _____
Statement No.: _____

Client Name: _____

Client Address: _____

Reference/Matter #: _____

Date	Description of Service	Hours	Rate	Amount
------	------------------------	-------	------	--------

Subtotal: _____

Taxes (if applicable):

Total Amount Due:

Thank you for your business.
Payment is due within 30 days of the statement date.