

# Law Practice Billing Form

Client Name

Matter / Case #

Billing Date

Date	Attorney/Staff	Description	Hours	Rate	Amount
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

Date	Expense Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Fees

Total Expenses

Grand Total

Additional Notes