FEE STATEMENT

Statement No.	
Date	
Payment Terms	
Due Date	

TO (CLIENT)

BILLING CONTACT

MATTER REPRESENTATION

Matter Name: Matter No: Court / Tribunal: Case Number:

PROFESSIONAL SERVICES RENDERED

DATE	PROFESSIONAL	DESCRIPTION OF SERVICES	HOURS	RATE	TOTAL

DISBURSEMENTS & LITIGATION EXPENSES

DATE	DESCRIPTION OF DISBURSEMENT / EXPENSE	AMOUNT

Total Professional Fees	
Total Disbursements	
Tax / VAT	

Total Due

TRUST ACCOUNT PAYMENT INSTRUCTIONS

Account Name: Bank Name: Routing / BIC: Account / IBAN: Reference: