

RECEIPT

Receipt No. _____
Date _____
Payment Method _____

CLIENT INFORMATION

Client Name _____
Company _____
Address _____

MATTER INFORMATION

Matter / Case No. _____
Case Title _____
Attorney _____

DESCRIPTION OF LEGAL SERVICES	HOURS / QTY	RATE	AMOUNT

Total Fees _____
Total Disbursements _____
Total Amount Paid _____
Balance Due _____

Authorized Signature

Client Signature (Acknowledgment)