## RECEIPT FOR LEGAL SERVICES

**Receipt Number:** .....

**Payment Date:** .....

**Payment Method:** .....

**Reference / Check No:** .....

**Client Name:** .....

**Matter / Case No:** .....

**Matter Description:** .....

**Billing Period:** .....

| DATE | DESCRIPTION OF SERVICES / DISBURSEMENTS | ATTORNEY / STAFF | RATE | HOURS | TOTAL ($) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Total Fees:** _____

**Disbursements:** _____

**Total Invoice:** _____

**Amount Paid:** _____

**Balance Due:** _____

**Trust Account Summary / Notes:**

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_____

Prepared By (Authorized Signature)

_____

Client Acknowledgment (Date)