

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECEIPT FOR LEGAL SERVICES**

**Receipt No:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Matter / Ref No:** \_\_\_\_\_

**CLIENT INFORMATION**

**Client Name:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**DESCRIPTION OF SERVICES RENDERED**

DESCRIPTION OF LEGAL SERVICE / COUNSEL	HOURS / QTY	RATE	AMOUNT

**Subtotal:** \_\_\_\_\_  
**Tax / Retainer Applied:** \_\_\_\_\_  
**Total Paid:** \_\_\_\_\_  
**Balance Due:** \_\_\_\_\_

**METHOD OF PAYMENT**

- Cash
- Check
- Credit Card
- Bank Wire
- Trust Account

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AUTHORIZED REPRESENTATIVE

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CLIENT ACKNOWLEDGMENT