Address:

Phone:

Email:

RECEIPT

Receipt No: _____

Date: _____

CLIENT INFORMATION

Name:

Company:

Phone:

Email:

CASE / MATTER DETAILS

Matter Ref:

Attorney:

Billing Code:

Consult Date:

METHOD OF PAYMENT

☐ Cash

☐ Check (No: _____)

☐ Credit / Debit Card

☐ Bank Wire / Electronic

DESCRIPTION OF LEGAL CONSULTATION SERVICES	AMOUNT PAID

DESCRIPTION OF LEGAL CONSULTATION SERVICES	AMOUNT PAID

Total Paid:

Amount in Words:

AUTHORIZED REPRESENTATIVE SIGNATURE

CLIENT SIGNATURE (ACKNOWLEDGMENT)