

Billing Statement

Statement Date:

Statement No:

Matter Number:

Due Date:

CLIENT INFORMATION

MATTER DESCRIPTION

| DESCRIPTION OF SERVICES / PROFESSIONAL DELIVERABLES | HOURS/QTY | RATE | TOTAL |
|---|-----------|------|-------|
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| | | | |
| | | | |

Subtotal: _____

Filing/Court Fees: _____

Retainer Applied: _____

Total Due: _____

| IOLTA / TRUST ACCOUNT SUMMARY | |
|-------------------------------|------------------------|
| Previous Trust Balance: | Deposits / Additions: |
| Disbursements / Transfers: | Current Trust Balance: |

Prepared By (Attorney / Representative)

Approved By (Client Signature)

Payment Instructions & Terms:

Please review this Statement of Services carefully. Payment is due upon receipt or within the timeframe specified above. Outstanding balances may be subject to interest charges in accordance with the retainer agreement. If you have any inquiries regarding these items or the services rendered, please contact our administrative office immediately.