PAYMENT RECEIPT

Flat Rate Legal Representation

LAW FIRM / ATTORNEY INFORMATION

Firm/Attorney:

Address:

Phone:

Email:

RECEIPT DETAILS

Receipt Number:

Date of Payment:

Payment Method:

Transaction ID:

CLIENT INFORMATION

Client Name:

Address:

Phone:

MATTER DETAILS

Matter/Case Name:

Matter/Case Number:

DESCRIPTION OF FLAT RATE LEGAL SERVICES	AMOUNT

Subtotal:

Tax / Filing Fees:

Total Paid:

Balance Due:

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE SIGNED