STATEMENT & RECEIPT

Statement No.

Date

Due Date

CLIENT INFORMATION

Client Name:

Address:

Phone/Email:

MATTER DETAILS

Matter Name:

Matter No:

Billing Period:

Attorney(s):

DATE	ATTORNEY	DESCRIPTION OF SERVICES RENDERED	RATE ($)	HOURS	TOTAL ($)

Total Hours:	
Fees Subtotal:	
Disbursements:	
Total Due:	

PAYMENT RECEIPT ACKNOWLEDGMENT

Amount Paid:

Payment Date:

Payment Method:

Reference No:

Remaining Balance Due:

AUTHORIZED REPRESENTATIVE SIGNATURE

CLIENT SIGNATURE (ACKNOWLEDGMENT)