

# Legal Advisory Services

## Client Fee Bill

Bill To:

Date:

Address:

Bill No.:

### Advisory Details & Fees

Description of Service	Date	Hours	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>				<input type="text"/>

Authorized by:

*Signature*