

Lawyer Services Bill

Date:

Bill Number:

Client Information

Name:

Address:

Contact:

Lawyer Information

Name:

Firm:

Contact:

Service Details

Service Description	Hours	Rate	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal:

Tax (%):

Total Amount Due:

Payment Terms

Lawyer Signature: _____

Date: