

Legal Consultancy Billing

Client Information

Name:

Address:

Contact Number:

Consultant Information

Name:

Firm:

Contact Number:

Billing Details

Date	Description	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"/>

Total Amount Due:

Payment Instructions

Date of Issue:

Authorized Signature: