

Consulting Lawyer Billing Statement

Client Name:

Address:

Billing Date:

Statement Number:

Date	Description of Services	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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount Due				<input type="text"/>

Payment Due Date:

Remarks:

Law Firm:

Contact Information: