

LAW FIRM RECEIPT

Company Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Date: _____

Receipt #: _____

Date	Billable Hours	Hourly Rate	Total

Total Amount Due: _____
Amount Paid: _____

Customer/Client Information

Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Payment Method:
 Credit Card (No. _____)
 Cash
 Check (No. _____)
 Other: _____

Authorized Signature _____
Title: _____

