

SAMPLE LAW FIRM RECEIPT

Company Name: Law Offices of Taylor and Burningham
Street Address: Arlington, TX 76011
City, State, Zip: Arlington, TX 76011
Phone: 555-888-3333
Fax: 555-888-3334
Email: taylor@taylorandburningham.com
Date: 1/28/22

Receipt #: 0345

Date	Billable Hours	Hourly Rate	Total
1/26/22	4	\$150.00	\$600.00
1/27/22	2	\$150.00	\$300.00
1/28/22	3	\$150.00	\$450.00

Total Amount Due: _____

Amount Paid: _____

Customer/Client Information

Name: Nick Hope
Street Address: 355 Beech Lane.
City, State, Zip: Arlington, TX 76006
Phone: 555-444-777
Email: nickhope@gmail.net

Payment Method:
 Credit Card (No. 8765)
 Cash
 Check (No. _____)
 Other: _____

Authorized Signature _____

Title: Attorney at Law

