

[Law Firm Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Client Name]  
[Client Address]  
[City, State, Zip Code]

**RE: Monthly Statement for Legal Services**

Matter: [Case Name/Matter Number]  
Billing Period: [Start Date] to [End Date]

Dear [Client Name],

Please find the itemized statement for legal services rendered and expenses incurred on your behalf for the period indicated above.

Date	Description of Service	Attorney/Staff	Hours	Rate	Total
[MM/DD/YYYY]	[Detailed Description of Work]	[Initials]	[0.00]	[\$000.00]	[\$000.00]
[MM/DD/YYYY]	[Detailed Description of Work]	[Initials]	[0.00]	[\$000.00]	[\$000.00]

**Reimbursable Expenses**

Date	Expense Category (Filing Fees, Postage, etc.)	Amount
[MM/DD/YYYY]	[Description]	[\$00.00]

**Summary**

- Total Professional Fees: \$[0,000.00]
- Total Expenses: \$[000.00]
- **Total Amount Due: \$[0,000.00]**

Please remit payment by [Due Date]. Checks should be made payable to "[Law Firm Name]" and mailed to the address listed above. If you have any questions regarding this statement, please contact our office.

Sincerely,

[Attorney Name]  
[Law Firm Name]