Legal Services Society

British Columbia
www.lss.bc.ca

DISBURSEMENTS

BILLING FORM

(Please attach all required receipts)

FORM 9

Case no. * Referral no. *

Lawyer * Lawyer vendor no. *

Client name *

Date of assignment (dd / mm / yyyy) *

*Indicates a required field.

Itemized disbursements:

Copy I.D. from authorization

Item description	Date (if applicable) dd / mm / yyyy	Units	Code	Auth I.D.	Amount

Subtotal $ 0.00

Hourly experts:

Date of service Auth. I.D. no. Expert's name: Field:	Fees: Hrs.____ Code____ = $____ Travel fees: Hrs.____ Code____ = $____ Travel expenses: Code____ = $____
Date of service Auth. I.D. no. Expert's name: Field:	Fees: Hrs.____ Code____ = $____ Travel fees: Hrs.____ Code____ = $____ Travel expenses: Code____ = $____

Hourly experts subtotal $ 0.00

Meterage:

Date (dd / mm / yyyy)	Kms.	Travel from	Destination

Total kms. Code Meterage Subtotal $

I certify that the disbursements have been billed according to the tariff contract, were satisfactorily delivered, and that they are correctly described here.

Signature

_____

Date of last service to client (dd / mm / yyyy) *

Billing date (dd / mm / yyyy) *

Lawyer's GST reg. number: *

Lawyer use only (optional)

LSS total: $ 0.00

GST: $

Net total: $ 0.00

Total disbursements this page $ 0.00

Less costs collected ($)

LSS total $ 0.00

Reset Form

Do not include GST in above total. Use **Lawyer use only** box for GST calculations.