Legal Services Society

British Columbia
www.lss.bc.ca

FORM 11

THIRD PARTY DISBURSEMENTS

BILLING FORM

Use a separate billing form for each third party. Attach receipts.

Case no. * Referral no. *

Lawyer * Lawyer vendor no. *

Client name *

Date of assignment (dd / mm / yyyy) *

*Indicates a required field.

Pay to :

Name of third party

Billing no. of third party:

ITEMIZED DISBURSEMENTS:

Item description	Date *(if applic.)* (dd / mm / yyyy)	Units	Code	Authorized I. D. no. *(if required)*	Amount

I certify that the services billed for have been performed, and correctly described and delivered.

Signature

_____

Date of last service to client

(dd / mm / yyyy) *

Billing date

(dd / mm / yyyy) *

Third party's GST reg. number: *

Third party use only

LSS total: $ 0.00

GST: $

NET TOTAL: $ 0.00

LSS TOTAL DISBURSEMENTS $ 0.00

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

Reset Form

January 2006