Attorney Billable Hours Chart

Personal Information

Attorney Name: _____

Attorney ID/Bar Number: _____

Firm/Office: _____

Billing Period

Month: _____ Year: _____

Daily Time Entries

Date	Client Name	Case #	Activity	Start Time	End Time	Hours	Rate	\$ Total	Billing Code

Summary

Total Hours This Period: _____

Total Billable Amount: \$_____

Billing Codes Reference

- **RES Legal Research**
- DOC Document Preparation/Review
- COR Correspondence (Email/Letters)
- PHC Phone Calls
- **CNF** Client/Witness Conferences
- **DEP** Depositions
- HRG Court Hearings
- TRL Trial Preparation/Attendance
- TRV Travel Time
- ADM Administrative Tasks

Non-Billable Time (Internal Use)

Date	Activity Description	Hours	Notes

Submission Information

Submitted By: _____

Date Submitted: _____

Supervisor Approval: _____

Date Approved: _____

Note: Time entries should be recorded in 0.1 hour (6-minute) increments.