



Expert Billing Form

Job No.: _____

Reporter: _____
Starting Exhibit #: _____
Ending Exhibit #: _____

Date: _____

Case: _____

Expert Name/Title: _____

Expert For: _____

Company Name: _____

Payable To: _____

Phone: _____ Fax: _____

Email: _____

Address: _____

Tax ID Number: _____ Rate: _____ .00 / Hour _____

Attorney Name	Firm Name	Email Address: (OFFICE USE ONLY)	Expert Billing Time Start/Stop