PRO BONO LAW OF BC

THE PBLBC ROSTER PROGRAMS

# Disbursements Billing Form

Date: _____ Lawyer: _____

Firm: _____ Client: _____

**Roster Program:**
Court of Appeal ☐ Family ☐ Federal Court of Appeal ☐ Judicial Review ☐

**Initial preauthorized disbursement coverage of $300.00:**
Required ☐ Previously received ☐ Not required ☐

**Itemize further disbursements** (please attach all required receipts):

| Item Description | Date (if applicable) dd / mm / yyyy | Units | Amount |
|---|---|---|---|
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|---|---|
| Lawyer's GST reg. number | |
| Date of last service to Client dd / mm / yyy | |

| | |
|---|---|
| Subtotal | |
| Less costs collected | |
| PBLBC total | |

I certify that I am providing exclusively pro bono legal services to the Client and that the disbursements were satisfactorily delivered and correctly described here.

_____
Signature

**Please send, fax or e-mail this Form to:**
Pro Bono Law of BC
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Vancouver, BC
V6B 4Z9
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