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The Roster Programs

Disbursements Billing Form

Date: _____ Lawyer: _____

Firm: _____ Client: _____

ROSTER PROGRAM:
Court of Appeal ☐ Family ☐ Federal Court ☐ Judicial Review ☐ Wills & Estates ☐ Solicitors' ☐

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

HST Registration Number		SUBTOTAL	
Date of last service to client dd/mm/yyyy		Less costs collected from client	
		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:
Attn: Michelle Quigg, Roster Program Coordinator
Access Pro Bono Society of BC
300-845 Cambie Street
Vancouver, BC V6B 4Z9
Fax: 604-893-8934
mquigg@accessprobono.ca