

Roster Program Disbursements Billing Form

Date: _____ Lawyer: _____

Firm: _____ Client: _____

ROSTER PROGRAM:

- ☐ Court of Appeal
 ☐ Barristers' Program (non-Court of Appeal)
 ☐ Family Program
☐ Wills and Estates
 ☐ Solicitors' Program

This is my _____ disbursement request for this matter.

Itemize disbursements below (please attach all receipts). Please note that only third party photocopying costs will be reimbursed.

Item Description	Date (if applicable) dd/mm/yyyy	Units	Amount
SUBTOTAL			
Less costs collected from client			
Total			

GST Registration No.	
Date of last service to client (dd/mm/yyyy)	
Hours spent on file	

Brief summary of case outcome:

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.

Lawyer Signature

Please email this form and copies of all relevant receipts to:

Erin Pritchard Staff Lawyer & Program Manager
Email: epritchard@accessprobono.ca