

Webb County Resource Attorney Voucher

Revised 9/13/2023

1. Attorney Information

Attorney (Full Name) _____

Address _____

City, State, Zip Code _____

State Bar No. _____

Tax ID Number _____

2. Weekly Service Log

Date	Time-In	Time-Out	Hours Worked
Total Hours Worked			

3. Compensation

Hourly Rate _____

Total Due _____

I certify the hours worked were reasonable and necessary. The expenses incurred were reasonable and necessary. Accurate details are attached.

Signature _____

4. Fee Approval

Signature

Date

Name

Title

G/L Account No. _____