ATTORNEY TIME SHEET

COMMONWEALTH OF VIRGINIA

Attorney's Name: _____ Page _____ of _____

Defendant's Name: _____ Case Number: _____

Charge at Time of Appointment (Code Section): _____ Vendor's Invoice Number _____

Use Additional Pages As Needed

DATE	Brief Description of Services	In-Court Time (Actual Hours/Minutes)	Out of Court Time (Actual Hours/Minutes)	Compensation (Not to exceed $90 per hour)	Additional Expenses Incurred

PAGE TOTAL (this page only)				
GRAND TOTAL (from all pages)				

RETAIN IN COURT FILE