



WESTERN CONFERENCE OF TEAMSTERS LEGAL SERVICES TRUST FUND

P.O. Box 2340 | Stockton, CA 95201 | LST@deltafund.com

ATTORNEY'S REPORT & BILLING STATEMENT

Law Office: _____ Attorney Code: _____
 _____ Claim # _____

 Phone: _____ Fax: _____
 Member's Name: _____ SS # _____
 Address: _____
 If Claim is for Dependent, Name of Dependent: _____
 Transaction Code: _____ Maximum Benefit: _____

Service Date	Attorney Initials	Description	Attorney @ \$200/hr	Paralegal @ \$100/hr	Total Hours	Amount
Sub-Total:						
Code 510 Filing fees (explanation of fee and date of service required):						
Claim # for filing fees:					TOTAL:	

* Photocopies, postage, express delivery, messenger fees, runner fee, etc. are not covered

Date Submitted: _____ Attorney Signature: _____

Contacts: In California (800) 222-3024 • Outside California (800) 222-3025 • Facsimile: (209) 940-5251