

Lawyer Fee Invoice

Law Firm Name

123 Legal Ave.
City, State ZIP
Email: info@lawfirm.com
Phone: (123) 456-7890

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Client Name
Address
City, State ZIP
Email: client@email.com
Phone: (098) 765-4321

Date	Description of Service	Hours	Rate	Amount
_____	_____	—	—	—
_____	_____	—	—	—
_____	_____	—	—	—

Subtotal: _____

Tax: _____

Total: _____

Notes:

Payment Instructions:
