

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:
