

# Legal Case Invoice

Invoice No: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_\_\_

## From

Law Firm Name

Address Line 1

Address Line 2

City, State ZIP

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Bill To

Client Name

Address Line 1

Address Line 2

City, State ZIP

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Case Details

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Court: \_\_\_\_\_

Case Description: \_\_\_\_\_

## Invoice Items

Date	Description of Service	Hours	Rate	Amount
__ / __ / ____	Consultation	___	___	___
__ / __ / ____	Legal Research	___	___	___
Subtotal				___
Taxes				___
Total Amount Due				___

## Payment Terms

Payment is due within \_\_\_\_\_ days from invoice date.

Please make all checks payable to: \_\_\_\_\_

For bank transfer: Bank Name, Account No, IFSC/Swift, etc.

\_\_\_\_\_  
Authorized Signature