

Legal Service Invoice

From:

[Law Firm Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP]
[Phone]
[Email]

To:

[Client Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP]
[Phone]
[Email]

Invoice Number: [#]

Invoice Date: [Date]

Due Date: [Due Date]

Description of Service	Hours	Rate	Amount
[Service 1]	[x]	[xxx]	[xxx]
[Service 2]	[x]	[xxx]	[xxx]
[Service 3]	[x]	[xxx]	[xxx]
Subtotal			[Subtotal]
Tax			[Tax]
Total Due			[Total]

Notes:

[Additional comments, payment instructions, or terms]

[Authorized Signature]