

Law Firm Name

123 Main St, Suite 400

City, State ZIP

Phone: (123) 456-7890

Email: info@lawfirm.com

Invoice #: 001234

Date: 2024-06-20

Due Date: 2024-07-20

BILLED TO

Client Name

Client Company Name

456 Client Rd, Suite 100

City, State ZIP

client@email.com

BILLING DETAILS

Date	Description	Hours	Amount
2024-06-01	Consultation regarding case strategy	2.0	\$400.00
2024-06-05	Drafting legal documents	3.5	\$700.00
2024-06-10	Court Appearance	1.0	\$200.00

Subtotal \$1,300.00

Taxes (0%) \$0.00

Other Fees \$0.00

Total Due **\$1,300.00**

Note: Please remit payment within 30 days. Make checks payable to Law Firm Name. Thank you for your business.