

INVOICE

Legal Practice Name

Address Line 1

Address Line 2

City, State, ZIP

Phone: (xxx) xxx-xxxx | Email: info@legalpractice.com

Billed To:

Client Name

Client Address Line 1

Client Address Line 2

City, State, ZIP

Invoice #: _____

Date: ____/____/____

Due Date: ____/____/____

Case / Matter: _____

Description	Date	Hours	Rate	Amount
[Legal Service Description]	____/____/____	____	\$____	\$____
[Legal Service Description]	____/____/____	____	\$____	\$____
Subtotal			\$____	
Taxes			\$____	
Total			\$____	
Payments Received			(\$____)	
Balance Due			\$____	

Payment Instructions:

Bank: _____

Account Name: _____

Account Number: _____

Other Notes: _____

Authorized Signature

Thank you for your business.