

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.