

# Professional Legal Fees Invoice

Invoice No.

Enter invoice number

Invoice Date

Issued By (Law Firm / Attorney)

Law Firm / Attorney Name

Address

Law Firm Address

Contact Information

Phone / Email

Billed To (Client)

Client Name

Client Address

Client Address

Client Contact

Phone / Email

Matter/Case Description

Describe the matter or case

Description of Service	Date	Hours	Rate	Amount
Service rendered				
<b>Subtotal</b>				
<b>Tax / VAT</b>				
<b>Total Amount Due</b>				

Payment Terms

e.g., 30 days from invoice date

**Notes / Additional Information**

Additional notes

**Authorized By**

Name / Signature

**Date**