

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
<div>Service rendered</div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Subtotal				<div></div>
Tax / VAT				<div></div>
Total Amount Due				<div></div>

Payment Terms

e.g., 30 days from invoice date

Notes / Additional Information

Additional notes

Authorized By

Name / Signature

Date