

Law Office Name

Attorney Name
Address Line 1
Address Line 2
City, State ZIP
Phone: (xxx) xxx-xxxx
Email: your@email.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Client Name
Address Line 1
Address Line 2
City, State ZIP

Services

Description	Date	Hours	Rate	Amount
Legal Consultation	____/____/____	____	\$____	\$____
Document Drafting	____/____/____	____	\$____	\$____
Subtotal				
Tax				
Total Due				

Notes

Payment is due within 30 days.
Thank you for your business.