

Law Firm Service Invoice

Law Firm:

Address: _____

City, ZIP: _____

Phone: _____

Email: _____

Invoice Details

Invoice #: _____

Date: _____

Due Date: _____

Billed To:

Client Name: _____

Address: _____

City, ZIP: _____

Email: _____

Description of Service	Date	Hours	Rate	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Subtotal				_____
Tax				_____
Total				_____

Notes / Payment Instructions:

Authorized Signature