

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