

Legal Advice Invoice

Law Firm/Provider

Name: _____
Address: _____
Email: _____
Phone: _____

Client

Name: _____
Address: _____
Email: _____
Phone: _____

Invoice Number: _____
Date Issued: _____
Due Date: _____
Case/Reference: _____

Legal Services Rendered

Date	Description	Hours	Rate	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: _____
Tax (%): _____
Total Due: _____

Payment Instructions

Bank/Account Details: _____
Other Info: _____

Additional Notes

Authorized Signature

Date