

# 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