

Legal Consultation Invoice

Invoice No: _____

Date: __/__/____

LAW FIRM

Name: _____

Address: _____

Phone: _____

Email: _____

BILL TO

Name: _____

Address: _____

Phone: _____

Email: _____

CONSULTATION DETAILS

DATE	DESCRIPTION	HOURS	RATE	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: _____

Tax: _____

Total Due: _____

PAYMENT INSTRUCTIONS

Bank name: _____

Account number: _____

Other methods: _____

Remarks/Notes:
