

# 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:

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