

# INVOICE

For Paralegal Services

Date:

YYYY-MM-DD

Invoice #:

Number

**Billed To:**

Client Name

Address

City, State, ZIP

Phone / Email

**From (Paralegal):**

Your Name / Company

Address

City, State, ZIP

Phone / Email

**Service Details**

Description	Date	Hours	Rate	Amount
e.g. Legal research	YYYY-MM-D	0.0	\$0.00	\$0.00
e.g. Document drafting	YYYY-MM-D	0.0	\$0.00	\$0.00

Subtotal \$0.00

Taxes \$0.00

Total Due \$0.00

**Notes / Payment Instructions**

Enter any notes or payment details here.

Thank you for your business.

Authorized Signature

