

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

