

Attorney Hourly Service Invoice

Attorney/Law Firm:

Address:

Phone:

Invoice Number:

Date of Issue:

Billed To (Client):

Client Address:

Date	Description of Services	Hours	Rate per Hour	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL				<input type="text"/>

Payment Instructions:

Notes / Additional Information: