

Law Firm Service Invoice

Law Firm:

Invoice #:

Address:

Date:

Phone:

Due Date:

Billed To:

Description of Service	Date	Hours	Rate	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"/>

Subtotal:

Tax (%):

Total:

Payment Instructions:

Notes: