

## Law Office Invoice

Invoice #:   
Date:   
Due Date:

**Billed To:**

Client Name  
  
Client Address  
  
Client Email

| Description of Services | Date                 | Hours                | Rate                 | An                       |
|-------------------------|----------------------|----------------------|----------------------|--------------------------|
| <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Total                   |                      |                      |                      | <input type="checkbox"/> |

**Payment Instructions:**

Thank you for your business! If you have any questions about this invoice, please contact us.