

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.