

Legal Consultation Charges Invoice

Invoice No:

Date:

Billed To:

Law Firm:

Client Address:

Firm Address:

Description of Services	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"/>
Total	<input type="text"/>		

Terms:

Authorized Signature: